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given of pericarditis in general, there was a bellows-sound. This is now and then undoubtedly heard in acute pericarditis. The pericarditis of this man, however, was not exactly acute; it had lasted two months; how long, therefore, the bellows sound had existed, I cannot tell. In chronic pericarditis this is exceedingly common, because in chronic pericarditis the internal membrane is often becomes affected, particularly at the valves, and particularly again at the mouth of the aorta, and therefore you have an existence reason for the bellows-sound; in acute pericarditis this sound is rarely heard; but in two or three cases within the first few days of the disease, but in general, when I have heard it in acute pericarditis, the disease was becoming chronic, and the sound continued after the disease ceased. With the pericarditis there had been an inflammatory affection of the internal membrane about the valves; these had become diseased, and an organic affection of the heart set up; so that it was not the pericarditis, but another circumstance united with it that caused the sound. Where it has begun in acute pericarditis, I have generally heard, as I have just now said, it continue after the pericarditis was completely cured; and when an opportunity has been afforded of examining a body under such circumstances, there has generally been found a disease of the valves causing obstruction, or a disease of the substance of the heart so that the cavities were enlarged and the openings had become relatively too small. But now and then it undoubtedly happens, that the bellows-sound which is heard, ceases as you cure the pericarditis. In this man, as soon as he was well cupped, the bellows-sound ceased. I presume, that in such cases the internal membrane of the heart is inflamed; that the lining membrane of the heart within is inflamed, as well as the pericardium with out, and, that being the case, a spasmodic constriction takes place at one of the openings of the heart. We know that where any canal is inflamed, it is very liable to be thrown into a spasmodically constricted state. When the urethra, for instance, is inflamed, nothing is more common than the constriction, such as to interrupt the flow of the urine. When it is slight, it may be removed by immersing the penis in warm water; if more severe, by putting the patient in a warm bath, bleeding, leeching, cupping, and purging. I imagine that something of this kind occurs in the constriction of the mouth of the aorta, when the bellows-sound is heard in acute pericarditis; because that it is not essential to pericarditis, is proved by pericarditis occurring continually without it; and it is proved also by the frequent continuance of it a long time after the per-

icarditis is cured. It is, therefore, only an incidental circumstance, and I think in all probability arises from the inflamed state of the lining membrane about the mouth of the aorta. I may remark, that in all cases in which I have heard the bellows-sound during the disease, or continued afterwards, it has always been at the time of the pulse. You will find, I believe, in nineteen cases out of twenty of the bellows sound under all circumstances, that it takes place at the time of the pulse; that is to say, either at the very moment, or at a most minute interval before it. It either takes place at the very moment of the pulse, or so near to it, that you may say it is at the same moment. It takes place certainly when the ventricles contract. This winter there must have been seven or eight or nine instances of bellows sound among my patients, but in all it has taken place at the moment of the pulse; not one moment before the pulse, and decidedly not after the pulse. It is generally produced—I believe it is always produced, by an obstruction, absolute or relative, and that obstruction generally occurs at the mouth of the aorta; that is, usually from a difficulty to the escape of the blood from the left ventricle into the aorta. In the case of the woman who I said died of chronic bronchitis, besides the sonorous rattle all over the chest, and the great congestion of dark blood in the face and everywhere else, there was a bellows-sound of the heart at the moment of the pulse, and loud and at the situation of the left ventricle. I could discover nothing more about the heart than that; and it was evidently not disease of the heart that produced all the symptoms, but chronic bronchitis, which she had had for many years, and from which she had suffered very severely this winter. On opening the heart there was decidedly a constriction at the mouth of the aorta—no thickening, but at the base of one of the valves a considerable induration, and the valve altogether constricted; so that, instead of its base forming a segment of a circle as it should have done, it was quite spine-pointed, and this occasioned a diminution of the whole circumference of the mouth of the aorta quite sufficient to explain the bellows-sound. I have no doubt, that for want of very minute examination, and from the want of comparative observation of healthy hearts, many persons pass over instances of a diminution of the opening that really exists. But I can conceive a diminution to take place without any thickening of the parts, without any organic disease whatever, and simply from a spasmodic constriction. As long as irritation is kept up by inflammation of the internal membrane,

at or about the valves, I conceive it very possible that a constriction may occur.

This case certainly affords an instance of a bellows-sound in subacute, or subchronic, or acuto-chronic pericarditis. As I have said, nothing is more common than to have the bellows sound in chronic pericarditis, for this form of the disease is the foundation of most diseases of the heart; at least, they begin most frequently as the consequences of inflammation; that inflammation exists generally also in the pericardium, so that pericarditis is one of the earliest things which occur in diseases of the heart, and is certainly the forerunner of most of structural affections of that organ.

It has been known only of late years that rheumatism is connected with disease of the heart. As far as I am aware, Dr. Pitcairn, of St. Bartholomew's Hospital, first pointed out the circumstance. He was a very timid man, though a very sound physician—highly educated and informed, and never could be induced, I believe, to publish on any subject, being unwilling, probably, to have his opinions criticised and himself laughed at and censured, as all persons must make up their minds to be who render themselves public characters. But though it was not published by himself, he mentioned it to his friends, and a very early notice was given of it by Dr. Baillie in his *Morbid Anatomy*. Sir David Dundas, of Richmond, wrote a paper on the subject in the *Medico-Chirurgical Transactions*; and, what is very extraordinary, never made the slightest allusion to what had been written by Dr. Baillie and first pointed out by Dr. Pitcairn. Dr. Wells, of St. Thomas's Hospital, who, though considered a little proud and cross, was one of the most acute men that ever lived (and his integrity, independence of spirit, and honour, were equal to his acuteness), remarks in a paper in the *Transactions* of a society for the improvement of medical and surgical knowledge, and in which he has given a great number of cases of this description, that it is extremely difficult to suppose Sir David Dundas could have been ignorant of what had been written on the subject in so popular a book as Dr. Baillie's *Morbid Anatomy*. Sir David wrote with all the air of novelty, and his paper was printed by the Council of the Medico-Chirurgical Society, though he had not the slightest pretence to originality.

At that time it was said merely that rheumatism was frequently followed by disease of the heart. I believe the truth is, that rheumatism is frequently followed by, or joined, or accompanied from the first, by pericarditis. As far as I have been able to observe, it is pericarditis which is first induced in most diseases of the heart. Pericarditis being induced, and the pericarditis

continuing, all other diseases of the heart follow. If you look into the cases of diseases of the heart, which have been produced by, or rather have followed, rheumatism, you will find I think, in almost every one, that there have been marks of inflammation of the pericardium. They have all seemed to begin in this way; and where there has been no dissection, the history of the cases has shown that the first symptoms were those of pericarditis. And certainly, as to my own experience, all the diseases of the heart which I have been able to see as the consequences of rheumatism, have been decidedly pericarditis in the first instance. The cases that I see at the very first are all pericarditis. I believe it is an inflammatory state of the pericardium which is induced; and when that is inflamed (just as is the course with inflammation in any other part), every kind of organic disease will follow.

The disease is called pericarditis, whether it affects the parietal portion of the membrane or that portion which closely invests the heart. Perhaps if we were to follow the analogy of the names of inflammations in the abdomen, we should call the one *carditis* and the other *pericarditis*. If that portion of the peritoneum is inflamed which covers the liver, we do not call it peritonitis but hepatitis. It is only when the inflammation affects that part of the peritoneum which is loose, that we call it peritonitis; therefore, whenever the close portion of the pericardium is inflamed we might call it *carditis*. But in speaking of it I have generally used the term as other authors have done, applying the name pericarditis to inflammation of the pericardium wherever situated; and *carditis* to inflammation of the substance of the heart. This too is analogous to the names of the inflammations of the pleura; for if the pulmonary pleura is inflamed, we do not call the disease inflammation of the lungs, but still pleuritis. The same custom prevails in regard to the arachnoid.

Inflammation of the substance of the heart itself, as an acute disease, is a rare thing. I have never myself seen it. You will find a case mentioned by Mr. Stanley, of St. Bartholomew's Hospital, in a paper in the *Med. Chir. Trans.*, in which the substance of the heart, however, had been inflamed as well as the pericardium. In that case pericarditis had taken place, together with rheumatism of an extremity. The pericardium became inflamed, and contained several ounces of turbid fluid with flakes of lymph. It was covered in various situations with a reticulated layer of lymph. The substance of the heart was almost black with congested blood—very soft and studded with little collections of pus. Nothing could be more clear than that this was inflammation of the substance of the organ, for extreme acute in-

inflammation has the effect of softening parts, and producing pus. Two or three other cases are on record, but it is comparatively a rare disease.

Treatment.—As regards the *treatment* of this case, it was no more than that of inflammation of any other part—the means, however, being directed to the heart itself—to the seat of inflammation. The man was immediately cupped to twenty ounces over the region of the heart. The relief was almost instantaneous; the next day the heart beat less violently; his breath was less short; the pulse was more regular in force—he was altogether better; there was no bellows sound.

I think I have generally observed that local bleeding in these affections is better than general bleeding. It must, however, be a local bleeding equal in quantity to what would be a general bleeding; a few leeches would be nothing. By local bleeding I do not mean to say, therefore, a trifling bleeding, but as great as you would perform in the arm, only performed locally. The man in question was therefore cupped to twenty ounces. I think the result of the local bleeding from the region of the heart itself (I will not be certain, but I think so) in these cases is very much superior to general bleeding. Although this man was so ill, he in this way got perfectly well in a short time. I gave him from the moment of the cupping, five grains of calomel three times a day. The next day his mouth was, he thought, a little tender, so that the calomel was then given him only twice a day. It was continued for three or four days and then entirely omitted; his mouth became rather more sore—there was a decided mercurial effect on the constitution, and no relapse of the disease took place.

The disease here, therefore, was subdued by the free local bleeding; and, as I have often said before, no inference can be drawn from any one case as to the good effect of mercury, unless the symptoms instantly remit when the mouth becomes sore—if there is not that simultaneous occurrence of the tender mouth and remission of the symptoms, of course we are not justified in saying one case in saying the mercury did any good; it is only from a series of cases treated with it, compared with a series of cases not treated with it, that an inference can be drawn. However, this man did perfectly well. If the bleeding relieved him at first, it is to be remembered that no subsequent aggravation or relapse took place. He was of course put entirely on slops; he had gruel, tea, barley-water, and toast and water, allowed him for five days. At the end of that time a little milk was added to his diet. The tenderness of the epigastrium went quite away—the tenderness over the heart was

removed. The pulse became natural in strength and force; the bellows sound ceased for good; so that I must suppose the restriction here which impeded the blood arose from inflammation. He was admitted on the 6th of January; on the 7th, I could hear no bellows sound, and from that time afterwards as often as I listened I never could detect the sound again. This was every satisfactory case. The man went away on the 27th of January (of course I had kept him till he recovered his strength), he went away then perfectly well and at his own desire.

When persons, however, have once had this complaint, if they are exposed to cold they are very liable to have it again, just as it is with rheumatism or any inflammation of any other part. It is therefore requisite that you should tell the patient that it is necessary for him to take great care to avoid cold, and for a length of time to avoid much exercise. But though the medical man cures the disease thoroughly, he, of course, can have no control over the subsequent conduct of the patient, and if the disease occurs again in the same individual from a subsequent cause, that can be no discredit to the practitioner or to his art.

ST. VITUS'S DANCE.

The next case, Gentlemen, to which I beg leave to direct your attention, is that of *St. Vitus's Dance*. I last week stated that I had cured a patient who had had the disease two years; that patient was a girl, this a boy. The disease occurs much more frequently in girls than in boys. The proportion of girls to boys who labour under it is very great. Dr. Heberden says, that, in his experience, of the patients who had this disease, a quarter only were males; three-fourths were females. I made a calculation from my own experience of cases of this sort during six years in this hospital, and I found the proportion about the same as that given by Heberden. In the course of that time I had twenty-two females with the disease and but eight males. This is the opposite to what occurs in epilepsy; you will find the greater proportion of persons who have epilepsy are males.

The boy was fourteen years of age. You will find the greater number of individuals who have St. Vitus's dance are between six or seven years of age and perhaps sixteen or seventeen; it is about the period of puberty, and some years before, that the disease is the most prevalent; this boy had it also three years ago. You will find the recurrence of the disease very common. I have frequently seen persons who have had the disease two or even three times. I think that I have observed the recurrence to take place more frequently in the spring than at any other time. I have mentioned, that

had no other symptom than that of St. Vitus's dance, excepting a little fatuity of look and mind. It is very common in this disease for children to look a little fatuous, and to be so, I believe; but as the disease is cured, this state of the countenance usually gives way. Nothing is more common than to find no other symptom than St. Vitus's dance present. In epilepsy you continually have headach, giddiness, and a variety of symptoms of that kind. In many diseases of the nervous system you have constipation, or tenderness of the abdomen, congestion, and so on, but in St. Vitus's dance very generally no such thing. Children have their bowels regular; they have no diarrhoea—of course they will sometimes have that from accidental causes, or be constipated, and sometimes have fulness about the head, but none of these are essential to the disease.

Symptoms.—With regard to the symptoms in this boy, he was more or less in constant motion; he could not walk straight, continually twisting himself from one side to the other; his arms would fly about in every direction, and he would make such faces, and so wriggle his head, while you were looking at him, as almost to make you laugh; he was in perpetual motion. This is the character of the disease. Catching of the fingers, twitching of the head, corrugation of the brow, and convulsions of all the muscles of the face; extensive flexions, extensions, and rotations of the limbs; perpetual motion; a rolling also of the eyes, and as the patient walks, you will generally see one foot dragged after him; such catching of the tongue continually and muscles of the mouth, that speech and deglutition are difficult. This boy could not only not hold his head still, but he could not speak for a considerable time after coming into the hospital with any distinctness. In severe cases they cannot lie in bed, and in still severer cases the convulsions continue during sleep, but generally they cease when the individual falls asleep. The will has some little power over the motions; and it appears there is a strong inclination to those different motions, which the patient cannot easily resist, and which he finds some pleasure in giving way to. At any rate, for a moment, if you give them some strong inducement, they can arrest the motions, though only for a moment. If they are at all frightened the irritability is increased, and the motions become very much aggravated. You will frequently observe that one side of the body is affected much more than the other, as in many nervous diseases. Sometimes the disease is almost confined to one side. You will very frequently find, that if you seize one arm and hold it still, the other will be the more agitated; the same with the legs, and with a leg and an arm.

The duration of the disease is very various, and if left to itself will no doubt generally cease, but frequently not for a very long period. The girl spoken of last week had had it two years; this boy, however, only a month.

Treatment.—In regard to the treatment, the boy took at his admission two drachmas of the subcarbonate of iron every six hours. He never took any other medicine. After he had been in some time, as the disease did not go away with great rapidity, I increased the dose to half an ounce every six hours; but if the two drachmas had been effecting all that was necessary I should of course not have given him more. It was given him mixed with double its weight of treacle, and no aperient medicine at all was required. His diet was that of the house; there was no reason to lower his diet, for there was no sign of fulness of the abdomen, no tenderness of the abdomen, no fulness of the head, nor headach, except what children may accidentally have from time to time; nothing to make me lower his diet; indeed he was a spare little chap. Under that one prescription he got well, just as the man with pericarditis got well with one prescription of another kind.

I have had now many dozens of cases of St. Vitus's dance, which have been all cured by this one remedy. There are other remedies which are exceedingly useful in the disease, and will cure it, but I think, compared with all others, this will cure the largest number within a given time. I have not yet had a case in which I have failed with it; I mean to say, a case which has existed for only a few months, and occurred in a very young person, and been pretty general. The disease will sometimes affect only the head, or one particular limb in adults, and continue for life in spite of everything. It will sometimes be general too in adults, and continue for life, but it is then usually united with some other nervous affection, perhaps with insanity or epilepsy. Except in the partial form of the disease, and when it is united with other disease of the nervous system, you may cure it, I am convinced, almost always with the subcarbonate of iron.

There is a great difference as to the time in which the remedy will cure it. You may in general cure it in from one to two months; but I have found it sometimes necessary to continue the remedy for twelve weeks before the disease gave way, but then it yielded. A person should not at all be discouraged, if he has to continue it for many weeks; and it would be wrong to say the remedy had failed, unless in an obstinate case it had been continued for three months. However, if I found the case was not yielding to the remedy so quickly as I could

wish, and yet I was giving it in full doses, I should have recourse to other remedies at the same time. As the power of the remedy is now well established, and the power of other remedies is also well established, it would not be absurd to have recourse simultaneously to several remedies, if that used was not answering the purpose with sufficient quickness, so that there might be no impropriety in having recourse, at the same time, to the cold shower-bath and electricity.

The sulphate of zinc has great power over the disease, and will cure a great many cases. I would only say with respect to it, that in whatever disease it is given, it requires to be gradually increased from a grain three or four times a day upwards, and you will be surprised to find how many grains some persons will take without nausea. I should certainly, if I gave the sulphate of zinc, increase the dose as long as I found it did not produce nausea.

With respect to the bowels, I paid no attention to them in this case. Undoubtedly they were open every day; and had they not been so without aperients, I should have looked to it. That these cases will get well under purging, I think there is no doubt; but I have had a great number of cases brought to the hospital, of patients, who had been bricky and long purged, without having been at all better, and some had even grown worse by it, through the increased debility and irritability, and in which the disease gave way to tonics. I believe in this hospital, iron used to be recommended as the best remedy, long ago by old Mead.

I should state, that the subcarbonate of iron, if given in gruel or in mucilage, would generally constipate the bowels, but it is most likely that the treacle which is given with it here, counteracts that effect. Treacle is an aperient, and if taken alone in the doses I give of it, would often produce diarrhea; but being mixed with the carbo-nate of iron, it has not that effect. One might fear that the sulphate of zinc would constipate, being a powerful astringent—it is one of the most powerful astringents we have, but it does not produce constipation. I have frequently given from ten to twenty grains three times a day in epilepsy, chorea, &c., without the slightest constipating effect.

There is a form of this disease which I myself have never seen, but which is very extraordinary; and gentlemen will recollect that I gave a full account of it in my general lectures on the practice of medicine. It is a form of the disease where persons are seized with a violent impulse to regular motions. Here, in common chorea, the impulse is to irregular motions, but in the other the movements are regular, so that

patients have fits of dancing for hours together (some say for days) till they can remain upright no longer, and down they go. Some have fits of running; they will run from their house straight forward, till they reach a particular place fixed in their mind, and then drop down exhausted; others will be seized with whirling round, and pirouettes admirably, so that women, who have never been taught to dance, will be seen dancing in the most graceful manner. That this is true, there can be no doubt. Mr. Kinder Wood has given the description of a recent case of this sort in the *Medico-Chirurgical Transactions*. The name was originally given to the disease from this circumstance. *Chorea*, I need not tell you, signifies a dance; and the disease was first particularly noticed in some women in Germany, who were seized with fits of dancing, and who went to the chapel of St. Vitus, near Ulm, and there danced till they were cured. "*Chorus Sancti Viti*, or St. Vitus's dance," says Burton, in his *Anatomy of Melancholy*, that everlasting source of amusement, "the lascivious dance. Paracelsus calls it, because they that are taken with it, can do nothing but dance till they be dead or cured. It is so called, for that the parties so troubled were wont to go to St. Vitus for help, and after they had danced there awhile, they were certainly freed. It is strange to hear how long they will dance, and in what manner, over stouls, forms, tables. Even great-bellied women sometimes (and yet never hurt their children) will dance so long, that they can stir neither hand nor foot, but seem to be quite dead. One in red clothes they cannot slide; music, above all things, they love, and therefore magistrates in Germany will hire musicians to play to them, and some busy staid companions to dance with them. This disease hath been very common in Germany, as appears by those relations of Skenkius, and Paracelsus, in his book of madnesses, who brings how many persons he cured of it. Felice Plater reports of a woman in Basle whom he saw, that danced a ' whole month.'"

Now if those cases had been described only in old books, we might have turned from them with ridicule. But a great number of things in old books I believe are perfectly true, and it is only the explanation that is given which is ridiculous. You will find a case related by Dr. Watt, a most respectable man, in the fifth volume of the *Medico-Chirurgical Transactions*. The patient, a woman, had various motions at various times. She would roll over fifty or sixty times in a minute, and sometimes would be seized with a violent tetanic rigidity, all the time being perfectly conscious. You will find, as I just said, a case

in the same *Transactions* by Mr. Kinder- Wood, in the seventh volume. The patient here also was a female. Most queer cases happen in women. She danced with grace, and was delighted with music. When a drum was beaten, she danced up to it as close as possible and yet (as I believe I also mentioned) she never before had learnt to dance in her life. This woman would also take great pleasure in darting her finger into a hole in a screen, or upwards against a given part of the ceiling. She would sometimes kneel down with her hands behind her, spring up suddenly, and strike the ceiling with her hand, so that her friends were obliged to remove all the nails from the ceiling of the cottage (she was a poor cottager), lest her hand should be lacerated. It was observed, too, in her case, that there was a great fondness for music exactly like what Burton has noticed. In her it was observed that a tune was to be heard breathed from her mouth, if persons stood near her; they therefore got a drum and beat it, at which she was delighted beyond measure; and it was by perverting her musical ideas that her disease was put a stop to. They found that if, instead of beating a tune, they beat a continued roll, it had the same effect. Now I presume that all these phenomena are effects of irritation of certain parts of the brain only, and as I think every part of the brain has its own particular purpose, I cannot but think these effects are explained by certain individual parts of the brain, destined for individual functions, being under a violent state of excitement in these affections. Great light has been thrown on the subject by Magendie, who, by cutting a certain part of the brain of an animal, found the animal was seized with a fit of rolling. I recollect myself seeing him divide a certain part of the brain of a rabbit, and it immediately rolled round and round till it got to the end of the table and fell off. On cutting another part of the brain of another animal, it darted forth, and made the greatest possible effort to proceed, extending its head and paws, and taking the attitude of progression. In some cases it has been observed that persons with an affection of the brain had a violent desire to run forward, others to run backward.

HEMATEMESIS.

Respecting the other cases that were presented, I shall not detain you by detailing them, for they are comparatively of little importance. One was a case of hæmatemesis in a female, as most frequently happens, and in whom the menstruation was suppressed.

Very frequently a suppression of the menstruation is not the cause but the effect of disease. If a woman becomes very ill, the menstruation is put a stop to, but women ascribe all their complaints to that suppression.

The case of rheumatism I need not say anything about. As to the universal paralysis, if the case could have been cured, success must have been slow—it would have required a year or two, but he longed to return home, and went out as he came in.

GLANDERS.

I will take this opportunity of mentioning that I have received a letter from a gentleman respecting the treatment of glanders in horses. In consequence of being honoured (and I do consider it a great honour) with the publication of these lectures, I receive continually a great number of letters, most of them—all of them, I am happy to say, in the highest degree friendly. I have among others received one from a gentleman of the name of Peddick, but whom I have not the honour of knowing, who says that in consequence of the case I have published on glanders in the human subject, he thinks it right to give me the information which his note contains; and I may as well take this opportunity of giving it publicity as any other, by reading the letter. It is as follows:—

“Dear Sir,—Your very excellent paper on glanders in the human subject, published in the *Med. Chirurg. Trans.*, of which an analysis is given in the *Med. Chirurg. Rev.*, has called to my remembrance a remedy mentioned to me by the veterinary surgeon of the 13th Regiment L. G. at Canterbury, in 1820, for the cure of glanders in horses. It consisted simply of Venice turpentine diffused in steam. The mode of application was by putting a quantity of scalded bran, mixed with Venice turpentine, into a horse-hair bag, and tying it over the horse's head, wrapping his whole body at the same time in a large blanket, wrung out of boiling water, and covering him with several horse-cloths. This threw him into a profuse sweat, promoted free discharge from the frontal sinuses and nostrils, and the healing of the ulcerations. A cure was the consequence of this plan of treatment continued daily, when the horse had not already become curious.

“Having myself employed the general vapour-bath, with terebinthinate medicaments, in many cases of malignant sores, both in private and dispensary practice, with success, you will pardon me for recommending to you a trial of the same remedy, in the event of more cases of glanders in the

690 HUNTERIAN ORATION.—NAVAL SURGEONS.—DR. THOMSON.

then subject presenting themselves to your notice.

"I have the honour to be, dear sir,
"Your faithful servant,
"H. FADDOCK, M.D."

Of course I know nothing at all of the accuracy of these observations any more indeed than the gentleman. It is right that such a thing should be made public, more especially at this moment, when the inhalation of various substances is undergoing the test of experiment. I myself am trying the inhalation of iodine and chlorine in phthisis; I cannot cure phthisis; I shall therefore put to the test any-thing that I hear of from a respectable source, or which appears to itself plausible. I have persons inhaling iodine; and when a sufficient number have tried it, so that I can draw any conclusion from the cases, I shall, of course, lay the result before the public.

The cases admitted since the last lecture were seven. Two of secondary syphilis, and one of inflammatory dropsy, among the women; two of rheumatism, one of hemiplegia, and one of neuritis of the leg, among the men.

THE LANCET.

London, Saturday, Feb. 19, 1881.

THE HUNTERIAN ORATION was delivered in the College of Surgeons by Mr. ANTHONY WHITE, on Monday last. The theatre was overflowing, and there were numerous visitors of distinction. Mr. HEADINGTON, the President of the year, was absent from illness, and Mr. KEATE endeavoured to fill the chair in his stead. Of the oration it is unnecessary to speak, as it was a performance which, in truth, not only defies, but is utterly beneath, criticism. There were, however, some proceedings before and after this ceremony which we think will be deemed of the highest importance, not only as they relate to the dignity of the profession generally, but to the prerogatives of the members of the College in particular. The latter gentlemen, for the first time in the theatre of

their own College, pressed the consideration of a professional abuse upon the attention of the President and Council. An accurate report of the proceedings will be found in another part of our Journal. If the stigma under which naval surgeons and assistant-surgeons now suffer be not removed, and that almost instantly, the fault will rest with the President and Council of our College, whose influence at headquarters is almost irresistible, from the close manner in which several of them are officially connected with the Court.

Mr. ARON, the half-occupier of the chair of medical jurisprudence in the University of London, has found an able coadjutor in the person of Dr. ANTHONY TOWN THOMSON. If we felt disposed to be hypercritical, the Doctor's brief introductory lecture would furnish materials for a commentary which might run through two or three entire numbers of this Journal. His materials are altogether crude and undigested, and are arranged in the very worst manner; and the language in which he has endeavoured to convey his opinions to his hearers and to his readers is truly execrable. Reprehensible and disgusting, however, as are these defects of matter and of manner, the spirit in which this lecture is sent forth to the public is, in our opinion, still more despicable; for it is dedicated to the Hags of Rhubarb Hall, and, avowedly, because those bel-dames have raised their wand to drive the pupils from their portals, unless the candidates for the license present themselves with certain costly insignia entitled "certificates." The following is a *verbatim* copy of the dedication. How the unfortunate writer must have cudgelled his brains, before he delivered himself of such a piece of composition! He must literally have beaten them to pulp! Now, gentle reader, your attention:—

"To the Worshipful Company of Apothecaries, *who*, by rendering *imperative* the study of medical jurisprudence, and by demanding scientific qualifications from the candidates for its license, has justly merited the gratitude of the medical profession and of the public, this lecture is inscribed by the author."

A complete rope of sand, no two atoms bearing towards each other the slightest affinity. The worshipful Hags have not "rendered imperative" the study of medical jurisprudence; but they have, agreeably with their constantly-displayed spirit of exaction, declared in their regulations, that students, after a certain period, must produce CERTIFICATES of attendance upon lectures on medical jurisprudence. And this constitutes a very wide distinction, Dr. ANTHONY TODD. If the Society had required that students should display in their examinations a knowledge of those subjects which are usually comprehended under the designation of medical jurisprudence, we should have been the last to have complained of their conduct, or to have condemned Dr. Thomson for having stated that such a body justly merited the "gratitude" of the medical profession. It is the certificate system, however, which we always have condemned, and which we always shall condemn; for it imposes upon the student the necessity of yielding to a barefaced and unqualified practice of extortion. There can be no objection to the Society's requiring from the candidate for the license, *proofs* of "scientific qualifications;" but it is objectionable, highly objectionable, and dishonest too, to compel the student to lay out a certain sum of money in the purchase of worthless pieces of paper, and to require of him in addition, that he make those purchases in particular places, and from particular individuals. Here it is that we find the powerful and selfish spring which has moved Dr. ANTHONY TODD to entertain such a feeling of "gratitude" towards the extortionate Hags. In the regulations of the Company

issued previously to 1827, there was the following:—

"No testimonials of attendance on lectures on the principles and practice of medicine, delivered in London, or within seven miles thereof, will render a candidate eligible for examination, unless such lectures were given, and the testimonial is signed, by a *Fellow, Candidate, or Licentiate, of the ROYAL COLLEGE OF PHYSICIANS.*"

And towards the conclusion of the regulations of the Company, issued in September 1828, we find the following paragraph:—

"Students are enjoined to observe that after the 1st of November, 1828, these certificates, so filled up, will be required from candidates for examination. After the same day no other testimonials of attendance on lectures and medical practice will be admitted, except such as bear the seal of a university or college, and the signature of an officer belonging to such university or college, whose duty it is to sign certificates of attendance on the lectures given therein: or such other certificates as have heretofore been received, if the same were obtained prior to the 1st of February, 1828."

Yes! It was necessary the certificates should bear the seal of a university or college, if the lectures were delivered in London, or within seven miles thereof, if the certificates were not granted by Fellows or Licentiates of the Royal College of Physicians.

Here, then, we discover the cause, or the probable cause, of Dr. Thomson's "gratitude" to the Worshipful Company. The doctor was neither fellow nor licentiate of the College when he was elected to a professor's chair in the University of London. Hence his certificates would have been prohibited had it not been for the exception in favour of the seal of a university. That this clause was written purposely to favour the medical professors of the London University, there cannot be the least doubt, since there was no such reservation previous to the erection of the University in Gower-Street. Let us not be misunderstood. We condemn not the extension of privilege proffered to Dr.

Thomson and other gentlemen, who, from deficiency in Latinity, thought it prudent to refrain from applying for the license sold in Pall-Mall East; but we do condemn, and bitterly too, the regulation which restricted the delivery of lectures in London, and within seven miles thereof, to the fellows, candidates, and licentiates of the College; and equally reprehensible do we consider the conduct of that man, be he who he may, who, because an exemption has been made in his favour in the operation of a base and infamous law, would have the world believe that his heart is overflowing with gratitude towards his despicable benefactors, for pretended advantages conferred upon the community at large.

Without going further into the subject of abuses connected with the government of the Apothecaries' Company, we may be allowed to ask why that body has made a special enactment in favour of the fellows and licentiates of the Royal College of Physicians. For, as we have already shown, certificates of certain lectures delivered in London, and within seven miles, are not deemed eligible by the Worshipful Court of Examiners, if those certificates do not bear the signatures of fellows or licentiates. If a surgeon, for example, be a thousand times more competent to lecture on the principles and practice of medicine than those personages, yet this resolution prohibits him from exercising his talents for the benefit of medical students, and for the welfare of the community. The same remark applies to graduates of the Edinburgh College of Physicians, of the Dublin College, and of the continental universities. Certificates of lectures on the principles and practice of medicine are not acceptable to the sight of the Hags, if those lectures be delivered in London, or within seven miles, unless the "certificates" be signed by fellows or licentiates of the Royal College of Physicians in London. This is a comedy, is it, to be lauded by a professor of the

University of London? In truth, the miserable Hags, acting always upon the principles of their trade, carry on their traffic in what they have the impudence to demonstrate medical knowledge, in the very worst spirit of the vilest monopoly corporation of retail traders. If the student challenges an examination, why should he be required to show that he has expended a certain sum of money? What connexion is there between wealth and knowledge? And, further, why should he be compelled to produce a "certificate" to show that he has acquired his information from one particular class of persons? If he be well grounded in all the elements of his profession—he qualified to undergo an examination and challenge inquiry, what can be more infamous, what more disgraceful, in a country which boasts of its high civilization and learning, than to repel such a candidate by declaring that he can neither be questioned, nor granted a license, because he is destitute of evidence to show that he has not expended or sacrificed some two or three hundred pounds? The opportunities to acquire knowledge should be as free and as equally diffused as the air we breathe. These, indeed, must be the wretch who would erect a toll-bar on the high road to science. In order to expose the infamy and the injurious consequences which must result from imposing such restrictions upon the operations of the mind, let us look for one moment at the effect which is really produced by laying similar restrictions on the operations of matter when it assumes the form of food. Wheat, if it be the produce of England and Ireland, is free from tax, and bread made from it may be eaten, by those who have money, without restraint. Not so with foreign wheat; for grain received from the continent is subjected to a heavy tax, and this is done to benefit the landed proprietors of England. The poor are half starved, are compelled to subsist upon potatoes, that the rich may ride in their carriages and

revel in luxury. This tax upon the stomachs of the poor for the benefit of the land-owners, exactly resembles the tax upon the minds of medical students made in favour of the fellows and licentiates of the Royal College of Physicians. Let us try the Worshipful Company's regulation, by the test of the *argumentum ad absurdum*. The Duke of Bedford is proprietor of Covent Garden Market, and he has the power to issue "regulations" to be observed by the market-gardeners. Suppose then his Grace were to publish the following:—

"N.B. No cabbages shall be deemed eligible to be sold in this market, unless it be accompanied by a satisfactory *certificate* signed by the churchwardens and overseers, that such cabbage has been grown in the parish of FULHAM, or within seven miles thereof."

The restrictions imposed by the Worshipful Company upon the acquisition of knowledge, are ten thousand times more injurious, and not in the slightest degree less ridiculous, than would be such an unprincipled imposition as this. A new College would relieve the plundered medical student from such a barbarous tax, and a new medical college he shall have.

Leaving Dr. ARTHUR TOWNSON, then, to the full enjoyment of the "pleasure of gratitude" towards such an enlightened and liberal body as the Worshipful Company of Apothecaries, we must call the attention of the reader to a few passages in his lecture. The learned gentleman commences, as he well might, by craving the indulgence of his singularly-gifted auditory. "Wise," says he, "I perceive around me individuals distinguished for the extent of their learning, others for the stores of practical information with which they have enriched themselves; when I also see among my auditors, gentlemen deeply versed in the profession of the law, and imbued with the soundest legal opinions, I cannot avoid being deeply impressed by the popularity of

the position in which I am placed." We should think not!

Such is the doctor's position while delivering the first sentence of his lecture, and in the next he contrives to place medical science in a position not less imposing; for he says, "Medical jurisprudence obtains for medical science a dignified attitude." It is a sort of DUTCH-SAX position, whence errors in our courts of justice are laid prostrate in all directions.

In running through the history of medical jurisprudence, the Doctor expresses his surprise that it should have been so long neglected in this country. As a distinct branch of science it certainly has not obtained much attention in ENGLAND; but in distinct departments, all those branches of knowledge which can constitute a well-qualified medical jurist, have been cultivated with a degree of ardour which has only been surpassed by a few of the physiologists and toxicologists of FRANCE. The medical colleges and companies have been the only barriers opposed to a greater degree of perfection. At page 10, the Doctor informs us, that the chair of jurisprudence is vacant in the University, "on which account the course of lectures, which I have the honour of introducing to your notice, has been ordered to be delivered this session, with the view of enabling the students of this establishment to comply with the regulations of the Society of Apothecaries:—that corporate body, with praiseworthy solicitude for the improvement of the general practitioner, requiring a course of medical jurisprudence, as a part of the qualifications of a candidate for a license to practise as an apothecary in England and Wales." A "course of medical jurisprudence" is rather a curious "qualification" for a candidate to take with him.

In the 11th page, after briefly adverting to medical testimony, as it is usually given in civil and criminal courts, the doctor comes to this logical conclusion:—"Consequently

the general welfare of the community ought not to be permitted to rest on the medical evidence as usually delivered on trials, nor on the *manner* in which attempts are made to elicit the truth from that evidence." It would, indeed, be rather a hard case for the nation, if its welfare rested upon the evidence usually given by a few half-educated ABERDEEN DUBS, and the unmannerly behaviour of brow-beating counsel. "What (says the doctor) are the qualifications necessary to constitute a medical jurist?"—"Were I (he replies) to sketch out his character in its most perfect form, there is scarcely a single point in the circle of science with which he ought not to be familiar." This is true enough, and the doctor must be a modest man to have assumed the office of teacher while such a conviction remained upon his mind. But genius is ever retiring. The lecturer, with all his research, has not been enabled to determine whether a coroner ought to be a medical man. Yes, gentle reader, Dr. THOMSON is in the chair of medical jurisprudence, and confesses in "that position," that he has not "sufficiently reflected on the subject to hazard a very decided opinion." Posterity will suffer deeply from this neglect. The doctor's *decided* opinion would have been invaluable, because he is evidently "imbued with the soundest legal opinions," and entertains the most profound sentiments concerning the qualifications and duties of medical witnesses. "The evidence is required to be given in an open court, the eyes of the world are upon the witness, and it is presumed that he is *expert*." Poor fellow! "He should know as much of the law of evidence as will enable him to *penetrate the intentions of counsel*!" Clever fellow!—"To foresee the consequences of his answers,"—these are the very words of the writer—"and to have some idea beforehand of the nature of the questions which he will be required to answer." The doctor is a strange being. We had always thought,—foolishly enough

it seems,—that witnesses were bound to speak the truth; to answer such questions as might be propounded, distinctly and without reservation, to the best of their ability; but we knew not that they were to look to consequences. Acting on the doctor's principle, juries would not return verdicts in conformity with evidence, but agreeably with their wishes, or from yielding to the dread of consequences; they would forswear themselves in order to screen culprits from certain degrees of punishment.

But really there is no dealing with such a farrago of nonsense within a moderate space. We have only yet reached the 13th out of 31 pages, and here we shall throw down the lecture, dedication and all, with feelings of disappointment and disgust. There are, however, some other "points in the circle," which will demand a few concluding words in our next number.

ROYAL COLLEGE OF SURGEONS.

February 14, 1831.

HUNTERIAN ORATION.—INSULT TO NAVAL SURGEONS.

IN consequence of the notice in the last Number of THE LANCET, which intimated that the exclusion of naval surgeons from his Majesty's levees might lead to a discussion amongst the members of the College on this occasion, the theatre was crowded to excess at an early period, and by a little after four o'clock, the steps leading to the doors were all filled by members anxious to gain admission, though by that time not a seat could be procured.

On Mr. WAKLEY's entering the theatre, about half an hour before the commencement of the oration by Mr. WHITE, he was received with loud cheers, intermingled with a few hisses. Shortly after he had taken his seat, he rose to address the College, and thanking the members for the kind and flattering manner in which they had been pleased to receive him, he proceeded to observe, that two or three circumstances of great importance had induced him to stand forward to address the assembled College. He presumed that every gentleman in that theatre was as anxious for the preservation, the welfare and prosperity of the profession as himself, and he was sure that no

gentleman then present, whatever might be his feelings relating to matters connected with the government of the College, would for one moment tolerate an insult offered to any individual member of the profession, much less to such an important and numerous branch of their body, as that of the naval surgeons. He wished to call their particular attention to an order which had recently been issued by the Lords of the Admiralty, prohibiting the attendance at the King's levees of the surgeons and assistant-surgeons of his Majesty's navy. (*Cries of shame.*) He hoped, however, that there were gentlemen present who had served in the navy, and if there were, those gentlemen must be much more competent to discuss the tenacity and merits of that order than himself. He would sit down, therefore, and wait patiently, to give any or every such gentleman an opportunity of coming forward, in order to rescue his brother officers from unmerited degradation and insult, though, if there were no such gentleman present, nor any one who might not feel an equal interest in the subject with himself,—if, in a word, no other gentleman came forward, then he (Mr. Wakley) as forming an integral part of the most important of the professions which existed in any civilized country, would consider it to be his duty to submit one or two resolutions to the notice of the gentlemen of the College then assembled. (*Lead cheers.*)

Having waited several minutes, Mr. WALKLEY was called for from different parts of the theatre, when he again rose and said, that with their permission he would read the resolutions which he thought it would be right to propose; afterwards it would be the members to determine whether it would be right to discuss the propriety of adopting those resolutions before or after the delivery of the oration. (*Cries of Now, now.*) He proceeded to read the proposed resolutions, which were as follows:—

1. "That the surgeons and assistant-surgeons of the British navy, are gentlemen of the highest respectability and professional attainments, and that by their talents and perseverance in the faithful discharge of their arduous duties, these gentlemen have rendered the most eminent services, not only to their brave brother seamen, but to the whole of the people of England.

2. That this meeting has been with the utmost astonishment, and with feelings of deep-rooted regret, an order issued from the Admiralty to exclude from the levees of the King the surgeons and assistant-surgeons of his Majesty's navy. That the President and Council of this College be, therefore, respectfully requested to memorialize the Lords of the Admiralty on the subject of this order, and to enforce in the most

emphatic manner the claims of the surgeons and assistant-surgeons of the British navy to the respectful attention of all classes of his Majesty's subjects, and to pray that the order under which they have been excluded from the presence of their Sovereign, may be immediately and wholly rescinded." (*Lead applause followed the reading of these resolutions.*)

You know, gentlemen (continued Mr. W.), that old birds are not to be caught by chaff, and I need not tell you that it is most material to determine whether these resolutions should be adopted now or not, because if the subject be postponed until after the delivery of the oration, the President and Council may then very unceremoniously walk off, and leave us to address the closed doors. (*Laughter and cheers.*) There is not time, certainly, to go fully into the merits of the question, unless we interfere with the regular proceedings of the day, but whatever may have been the warfare which I have carried on against the system of governing this College, I can assure my brother members, that nothing is further from my intention than to annoy or inconvenience those gentlemen who are about to attend for the purpose of assisting in the anatomy connected with the delivery of the oration. I merely come forward to assist in vindicating the rights and characters of those gentlemen who have been so grossly insulted by the order from the Admiralty, God knows that they have had insults enough offered to them already; and if there be any delay in asserting their rights and honour, it will have to submit to hereafter. (*Hear, hear.*) I would therefore ask the Lords of the Admiralty this question:—Why are not the surgeons of his Majesty's navy entitled to equal respect with the surgeons of his Majesty's army? (*Cheers.*) The latter medical officers are not excluded. Yet in my opinion there is not any thing more pleasing in the appearance of a red coat, than there is in that of a blue one. For my own part I prefer the latter, for if there be any importance to be attributed to the colour of the coat, I must say that we ought all to ascertain a higher respect for the wearers of the blue. If it had not been for the latter heroes, we might at this moment have been the slaves of some foreign nation. Probably it will now be better to ascertain the opinion of the meeting on the subject of the resolutions. Any discussion may be gone into after the oration has been delivered, without interfering with the specific business of the day. Possession is nine points of the law, and there is no place so proper for the members to discuss such questions as in the theatre of their own college. (*Cheers, and hear, hear.*) The members surely form a priore

of the College, even if they be excluded from the benefits arising from a participation in its "circulating medium." (Here and laughter.) I cannot see why they should be excluded from taking part in the movements of their own College. I will conclude by proposing the first resolution (already given above), adding, that I have come here without having acted in concert with any one. There have been no secret, no hole-and-corner proceedings. I have drawn up the resolutions roughly and hastily, and I do not even know whether they will be seconded. I think it my duty, however, to submit the first to the meeting. (Applause.)

Mr. GARRISON said he felt great pleasure in seconding the resolution. In doing so he begged to state, as an old member of the College, who had in days gone by, himself worn a red coat, that the red coats had also been insulted, though it was a long time ago. In Egypt and in some other parts, where they had undergone the severest and most arduous duties, Lord Huntingdon, or somebody about him, did not consider the military assistant-surgeons worthy of wearing the medals which had been distributed to other officers, even though some of those others were only ensigns and cornets.

Mr. WALKER said, as they had no chairman the proceedings might be a little irregular, but the members would recollect that it was by no means unusual for affairs in that College to be conducted without a head. (Roars of laughter.)

Acting as chairman, he then put the resolution to the meeting, and it was carried with acclamation, not a single hand being held up against it.

Having moved the first resolution, Mr. Wakley hoped some other gentleman would propose the second, and he should feel much pleasure in passing it to him for that purpose.

Mr. KIRBY rose and said he should feel happy in proposing it. (Cheers.) In doing so it was scarcely necessary for him to advance anything on the subject which had called for these proceedings, as it must be deeply interesting to every member of the profession. The "order" alluded to could either only have been issued with an intention of offering the gravest insult, or from downright negligence. He was inclined to ascribe it to the latter cause, for he could not be induced to think the Lords of the Admiralty could have been seduced from any cause whatever, into an act calculated to put so great a blot on the surgeons of the British Navy. Where would Lord Nelson have been when he received the wound which required the amputation of his arm, had there not been a naval surgeon close to him to amputate. (Cheers.) The thing spoke for itself, and he had no doubt that as

soon as a proper representation of the subject was made to the Admiralty, the "order" would be rescinded. Mr. King concluded by reading the resolution, and sat down amidst loud applause.

Mr. GEORGE WILKINS seconded the resolution.

At this moment considerable merriment was caused by some gentlemen on the stairs, who were unable to gain admission, loudly exclaiming, "The opposite side move on a little," when some respondent within immediately replied, "There's no opposite side; there's only one side here."

Mr. WALKER took the sense of the meeting upon the resolution, which, like the former, was carried amidst the loudest cheers, when Mr. Wakley said, that having so far succeeded, it was now their duty to complete the work which had been so well begun, he would therefore move that Mr. King be deputed to state to the President and Council, immediately on their entering the College, and in their official capacity, the nature of the proceedings, and the request contained in the second resolution. Several gentlemen immediately rose to second this resolution, which was carried unanimously.

Mr. WALKER emitted much laughter, congratulated Mr. King on his "accession to the high office which had just been conferred upon him."

Mr. KING thanked the members for the honour, and said he would endeavour to discharge his duty in an efficient manner, but he thought it might be more respectful to the Council to send a message to them informing them of what had passed, or to wait upon them on another occasion.

Mr. WALKER objected to this course, but would leave it to the decision of the meeting. He then put the question, when it was resolved unanimously that the communication should be made to the President and Council immediately on their entering the College.

In a very few minutes afterwards, the president (Mr. ASHES) having taken the chair, surrounded by the Council, and a large concourse of distinguished visitors, Mr. KING immediately rose (amidst cries of "Mr. King") and said—Mr. PRESIDENT, it is, Sir, with feelings of great pleasure, and of profound respect, that I am the humble interpreter of this meeting, in stating to you that two resolutions have been passed respecting an order lately issued from the Lords of the Admiralty to exclude the surgeons and assistant-surgeons of his Majesty's navy from the levees—

The PRESIDENT.—Sir, I am very sorry to interrupt you in anything you have to say, but I think the business of the day ought to be attended to before anything else. The only notice we have, is to attend here for

the purpose stated in the paper; and I think it would be extremely irregular to enter upon any other subject, while the order of the day stands undischarged.

A gentleman inquired—Will the President and Council remain after the oration is over?

The President.—I have no sort of objection I am sure. Before, however, the orator comes in, I beg to make one suggestion, and that is, that if there be any statement to be made of any-thing for which the assistance of the Council is required, I am sure the Council will be extremely happy to receive it; and I should beg to submit to the meeting, whether it would not be better to present the statement to them in another way. It cannot be very interesting to the visitors, to have any matter discussed here (Cries of "O yes, yes!")—"It's exceedingly interesting"—"It's most interesting to us.")

Mr. WALKER.—If it be likely that the discussion will prove disagreeable to the visitors, we can wait very patiently till those gentlemen have retired. (*Laughter.*)

The President having agreed to wait till the oration was over, the Council at the same time making no objection to his proposition, Mr. WALKER, the appointed orator, was introduced, and commenced reading his—God knows what to call it. It was a most extraordinary jumble. Names, places, events, dates—in fact all sorts and numbers of things were thrown together in most admirable disorder, and with the exception of the fact, that Mr. ANASTASIOV had retired from the active duties of the Council in consequence of indisposition, it contained not a single particle of news which could interest the nearest tyro in the profession. O, yes! We had forgotten. The orator informed the members, that Sir WILLIAM RUSSELL was the Nasron of modern surgery; and for conveying this intelligence, he was pretty well coughed at and booed by his auditory. But Mr. WALKER was in an eulogistic humour. He lauded every-thing and every body, from Mrs. BULBORN's tea-kettle up to the College mace, and from Sir ANTHONY DIVERS up to Sir ARTHUR COOPER. It was a raw raw oration, and we should not be surprised if Mr. WALKER, the orator, were hereafter to be recognised by the cognomen of CAV WALKER. Nothing could have been conceived in worse taste, and nothing could have been more disgusting in practice, than the altogether-out-of-place, and, in most of the instances, unmerited praises, which were bestowed upon the members of the council then present. It was really a most sickening exhibition; nor was Mr. WALKER's manner one whit better than his matter. He delivered the thing called an oration in the

voice of a GROOM. One was almost forced to believe that the sound issued through a crater from the bowels of the earth, so unalterably, so profoundly, so rumbly monotonous was the tone of the orator's voice. He commenced in G, three lines below the staff, and he ended in G, three lines below the staff. We recommend him to take the part of Ninus, the ghost in *SENZACOSTE*, or the part of the monster in *FRANKENSTEIN*; not, however, as the latter character has been represented in the drama of that name, but as described in the extraordinary metaphysical novel so called. If there be a scarcity of patients in Parliament Street, and if the worthy orator be gifted with a taste for theatricals, from the specimen of his peculiar powers exhibited on Monday last we are of opinion that he would be pre-eminent successful in representing the non-natural. We must take a more extended range in our search after an orator than the ranks of the Council. Mr. WALKER having, after much labour, delivered himself of the contents of his paper—

Mr. KING rose and said—Mr. President, I rise, Sir—

The President, turning to Mr. KING, I shall return, Sir, in a minute after I have conducted the visitors out.

The President now left the theatre accompanied by a few, and only a few, of the visitors. He himself certainly returned in about two minutes, but not so *his gown*, for he had left that behind him. The greatest interest was now excited. With a faltering voice the President then addressed himself to the members thus—I beg to say that I was placed in this situation unexpectedly, for in consequence of the illness of Mr. HENDINGTON, I was obliged to take upon myself the office of President for the day, but I now consider myself totally unauthorized to act as President, but as an individual of the Council having stripped myself of the robe, I am ready to hear any-thing that you may be pleased to state. (*Strong marks of disapprobation.*)

Mr. WALKER, with considerable emphasis, I hope, Sir, there will not be committed, on the part of yourself, or of the Council, a violation of any real or implied contract which was entered into with the members before the oration began. I understood, previous to the commencement of that ceremony, that there was a distinct and solemn engagement entered into between the President, Council, and Members, that the President and Council would remain after the oration, and consent to be addressed as such, and I decidedly object to their bring now addressed in any other character. (*Loud and continued cheers.*)

The President.—I think it would be very unreasonable to suppose the Council are met

at this moment to hear any-thing you may have to say. I, as an individual, am perfectly ready to hear it, and communicate it to the Council. (*Much dissatisfaction was again expressed on the part of the members, many declaring that such conduct was perfectly in accordance with the previous acts of the Council.*)

It was proposed by some gentlemen that a deputation from the members should wait upon the Council in private.

Mr. WASLEY objected to such a proceeding, and at the same time sarcastically said, that the engagement entered into to hear Mr. King had not been made between the Members and the President's gown, but between the Members and the President himself, when he first entered the theatre. (*Cheers and Aisens.*)

The PRESIDENT.—I did not very distinctly hear the latter part of that gentleman's observation, but I have no hesitation in saying that the Council will receive such a deputation, and that they will consider it as official.

Mr. KING.—I was about, Sir, to say when you entered this assembly, that it was with feelings of profound respect and great pleasure that I was the humble interpreter of the wishes of this meeting, who desire to express to the Council their astonishment at an order issued, or said to have been issued, by the Lords of the Admiralty, respecting the surgeons and assistant-surgeons of his Majesty's navy. This meeting has passed two resolutions which, for the sake of saving your time and our own, I think I had better read at once. (Mr. King here read both the resolutions, and then continued.) I beg to leave to observe, Sir, that the meeting regretted that they were obliged to proceed somewhat irregularly; but if ever there was a *casus d'ecet* necessary, it is on this occasion, when such a monstrous order has been issued to the injury of our profession.

The PRESIDENT.—Now may I beg to ask whether you wish me to present this as a memorial from this meeting to the Council, or whether you will be good enough to address the Council officially with a copy of these resolutions? With great submission I should say, if you were to address the Council with a copy of them regularly, it would be the better way.

A Gentleman said they were the unanimous resolutions of a meeting of the profession.

The PRESIDENT.—The next meeting of the Council will be in April.

Mr. KING.—I believe the meeting could not intrust them to a more able person than yourself, since we well know the confidence our well-beloved Sovereign has placed in you, and therefore I propose that you be kind enough to present them as an official

document issuing from the members of the College here assembled.

Mr. WASLEY.—That would be an important deviation from the spirit of one of the resolutions. It is there stated, that the President and Council of the College should be requested officially to address the Lords of the Admiralty; and I distinctly understood the President to say, that, on one of the Council, he would consent to receive the notice officially.

The PRESIDENT.—I beg your pardon. I must have been perfectly misunderstood, then, because I stated, that as an individual I could do nothing but receive it from you as an individual, if you wished it to be laid before the Council. The Council are not assembled now. Many even of the Council who were here have left. I suggested, that the better way would be, that the resolutions should be addressed officially to the Council. I am ready to interfere as an individual just as you may direct; but it seems to me not to require one moment's discussion. If any application be made to the Council, they are bound to receive it, and to act upon it. I cannot, as a member of the Council, say what the Council would do upon it; that is impossible. It is for the Council to say what they will do when they are assembled for the purpose of considering what is proposed to them. But with a view to something like regularity, I should take the liberty of suggesting again that the better way will be for you to address the Council, and I am sure they will give you an answer. I can only say, as an individual, I shall present it to the Council if you think proper, but if you address the Council, they must receive your application.

Sir ARTHUR COOPER.—Gentlemen, I shall detain you only for a moment. I feel with you entirely the impropriety, if I may so express myself, of the order that has been issued by the Lords of the Admiralty. (*Cheering, and cries of "Bravo, bravo."*) Our profession has been gradually rising in rank, and if you follow the steps which have been pointed out to you in this day's literature, you must become proportionately elevated as you become scientific. (*Long Merr.*) To become scientific, is the only mode by means of which you can arrive at the high character which our profession ought to hold. I know of no reason in the world why a *divine* or a *lawyer* should be better received at Court than an *English surgeon*. (*Great applause.*) I shall not enter now into these comparative merits, but I will say, that if there be one person more useful than another to the state, whether in peace or in war, an English surgeon is that man. (*Down, down, and cheers.*) But, gentlemen, if you will permit me to give you one word of advice, it will be this. I will suggest for *you*, these

is not a member of our Council who will not be very happy to meet a deputation from you for the purpose of considering the best mode of carrying your wishes into effect. If, therefore, you will have the goodness to depute six individuals to meet the Council, I could almost say that I can promise for the Council that they will be proud and happy to meet them. If so, all you have to do will be, as I say, to select six gentlemen to meet the Council, and to send to the College to see when it will be convenient for the Council to assemble. (*Applause, with much shouting.*)

Mr. WALKER.—I agree most cordially with Sir Astley Cooper in every thing the hon. Baronet has advanced which relates to the unparalleled utility and respectability of our profession, a conviction which prompted me, in the absence of a more competent individual, to bring forward the resolutions which I have had the honour of submitting to this assembly; but it should be remembered, that if we meet for the purpose of supporting the honour of an ancient branch of our profession, we ought not to be unmindful of what is due to ourselves in this place (*Academy*); if a contest has been entered into with us this day, it is our bounden duty to have that contest fulfilled. (*Hear.*) It was agreed that the President and Council of the College should remain after the session was concluded, to hear “officially” the resolutions which had been agreed to by this assembly. But now we are told that the President and Council are not here in their official capacities, and under such conditions I for one will make no appeal, nor take any step for the purpose of addressing the Council of the College after I quit this theatre. (*Cheers.*)

The PARLIAMENT.—I had no intention of taking the chair to enter into this discussion.

Mr. WALKER.—I am not answerable for what that gentleman intended to do. I only know what he said he would do. The resolutions were carried unanimously, and it was agreed that they should be submitted to the Council officially on this occasion. Gentlemen, you have spoken this day in your own names, a circumstance which is extremely objectionable in certain quarters. (*Hear and laughter.*) You have been told, too, that if you follow the doctrine inculcated in the oration you have just heard, you yourselves will become exalted and respectable; but I ought to tell you, that the very individual who was the subject of that oration, John Hunter himself, would have been excluded from the profession, had he commenced his career under the existing by-laws of this College. (*Loud cheering and confusion amongst the Council.*) I wish not, however, now to enter into that subject.

The PARLIAMENT.—If I am to be considered for one moment as entitled to the respect that ought to be paid to the chair, I beg to say that I consider the business of the day to have been finished by these resolutions having been put into my hands. I asked the question, afterwards whether I was to consider that they were put into my hands for me to lay officially before the Council, and as I have had no specific answer to that question I shall conclude that I am to do so, and shall do it accordingly. Besides, the business of the day I consider to be finished, and I really think the suggestion of Sir Astley Cooper ought to be adopted. That, however, is for the members to determine officially, and act upon it accordingly.

The PARLIAMENT.—I think I have stated my answer to that question already.

Mr. FARRER (one of the Council).—A misunderstanding has taken place respecting the Council, as it appears to me, which I think I shall be able to explain in a few words. The members of our College have thought proper to address us as if we were here as members of the Council. Now, on this occasion, we are no more to be taken as a delegated body from the Council than any other number of the members of the College present at this meeting. It would be necessary, therefore, that we should be called together and meet as the Council, if we are to be addressed as such. Under these circumstances I should say that the suggestion of Sir Astley Cooper ought to be adopted by the meeting. As to confining cognizance of any thing passing here as the Council, it appears to me to be clearly impossible.

Mr. WALKER.—I also have no objection to meet the Council in this theatre publicly in the presence of the members.

Mr. FARRER.—But, Sir, if you recollect, the proposition of Sir Astley Cooper was, that a deputation of the members of the College should be appointed to meet the Council.

The PARLIAMENT.—I have stated thus much that I will act officially in laying the resolutions before the Council, and I have no doubt the President and Council will be ready to receive them. At the same time, I think the first resolution is perfectly unobjectionable; because nobody could for a moment think of making it a question, that the surgeons of his Majesty's navy are respectable; the second one is the only one requiring the consideration of the Council. I have, however,

ever, received these resolutions to lay them before the Council, and which I shall do, unless I am informed that you will present them in another way.

Mr. WATLEY.—It is quite clear that the second resolution only was intended for the President and Council. The first resolution is merely expressive of an agreement amongst ourselves upon a particular point, and it was the natural fulcrum upon which the second was founded.

The PRESIDENT.—I can only say that both have been put into my hands.

Mr. WATLEY.—Are we then to understand, Sir, that you consent to receive the second resolution officially?

The PRESIDENT.—Undoubtedly (*Cheers*).

Mr. WATLEY.—Very well. We have done our duty, and it remains for the President and Council to discharge theirs. Further, I feel great satisfaction in having been enabled to diversify the annual entertainment. (*Applause and laughter*,—amidst which the President, Council, and members, retired from the theatre; the latter apparently in high spirits, and much pleased with the result of the proceedings.)

WESTMINSTER MEDICAL SOCIETY.
Saturday, February 14th, 1831.

Mr. BACOT in the Chair.

DR. GRANVILLE AND MR. AMOS,—LIGATURES OF THE INNOMINATA AND SUBCLAVIAN.

Dr. GRANVILLE rose pursuant to notice, to call the attention of the Society to the impropriety of intrusting lawyers with the important duty of teaching medical jurisprudence, a branch of science of which, he said, they must be utterly ignorant; and was proceeding to refute the statements made in the London University by Mr. Amos, when a member spoke to order. Dr. A. T. Thomson followed on the same side, stating that medical men should "mind nothing but medicine," and not "presume to interfere in public matters connected with the interests of their patients."

Mr. KING, who was sitting in a part of the room where he could not catch the eye of the President, immediately rose to reply to Dr. Thomson; but as the decision of the Chairman had instantly been given against hearing Dr. Granville, Mr. King said, he had only to ask whether, in a case of such urgency, he might not be permitted to show that, with the very best intentions, the Chairman had fallen into an error? (*Chair, chair.*) If not, he should move that the first resolution of the Society be read. After a

pause, the President declared this proceeding to be irregular; upon which Mr. King gave notice, that on an early day he would introduce a new regulation respecting matters to be discussed in the Society. After these preliminaries, Mr. King read an excellent paper on a new plan for tying the innominata and subclavian arteries, the latter between their origin and the subclavius muscle, which we hope to be able to give entire in our next number. The paper was received by a very large attendance of members with great applause, to which the excellence of the anatomical details and the operations founded upon them well entitled it.

Mr. BISHOP said he had frequently tied the innominata in Mr. Brooks's theatre by the same process; but he should consider it madness to take up the subclavian arteries so near their origin upon the living subject.

Dr. GRANVILLE suggested, that as the last speaker had been accustomed to those operations only for the purpose of putting a syringe into the vessels, he had, perhaps, proceeded with less caution than was necessary to enable him to judge of the practicability of taking them up scientifically.

Mr. CORLETO, Dr. BRADWAY, and some other gentlemen agreed, that if the plan were wounded in the process, it would not be sufficient to cause the operation to be rejected, as there was abundant evidence that such lesion was not of necessity mortal.

Dr. KOPS wished to move a vote of thanks to Mr. King for his paper, but, at the wish of Mr. King, it was not proposed.

It was understood that a paper would be read next week by Dr. ———, on the influence of the imagination and the passions in disease.

REFORM IN THE DUBLIN COMPANY OF APOTHECARIES.

To the Editor of THE LANCET.

SIR,—It has often surprised me how it came to pass that the Apothecaries' Hall of Dublin should have eluded your observation, it being a body of all others (not even excepting the "Old Hags of Rinharr Hall" in London) requiring the indispensable aid of your antiphihlogistic weapon, which has been used with such decided and marked success in various instances not now necessary to recapitulate. For a period of forty years has the profession of pharmacy in Ireland been greasing under abuse heaped upon it by a body of men yelped "the governor, directors, and proprietors of

the Apothecaries' Company," from the latter of whom the governors and directors are chosen, who go through the form of an election in the month of August of each year—the same men (with one or two exceptions perhaps) being invariably re-elected, whence it happens as a matter of course that no change or improvement is to be expected—such being, to all intents and purposes, a perennial, and not an annual directory. In order to become eligible for the office of a director, you must be a shareholder (i. e. a proprietor), for which your pocket must be accountable in the sum of £500, or 350*l*. Now it so happens that the poverty of the profession is so great, that few, very few indeed, can command that sum, the result of which is, that many highly-talented and eminently-gifted men are debarred from taking a part in the management of their profession—a man's capability for taking office in that *ougarat body*, being rated according to the dimensions of his purse, and not of his understanding. Were I but to mention the various charges and complaints made against this "ruling power," your patience would be exhausted, and my time uselessly spent in entering into disagreeable details. Suffice it to say, that at last a spirit of reform has evinced itself amongst us; for our leader, we have gotten a man of the most unflinching, upright, and uncompromising principles. A man who is the most eminent in the profession of this country, and whose name has shed lustre on the pages of science at home and abroad. Professor Donorvan is the individual I allude to, who, disgusted with the liberal line of policy pursued by the Mary Street Junta towards his professional brethren, and finding their understanding so stultified in that corrupt corporation (except so far as regarded counts, shillings, and pence), declined acting as their governor, when he found all his efforts towards remedying the abuses so loudly complained of, were treated with neglect and scorn; his liberal and highly-cultivated mind could not tolerate or countenance their selfish and narrow-minded form of government. Under his auspices, therefore, 500 out of 1000 apothecaries in Ireland are now appealing, and with confidence, both to the imperial parliament and an enlightened administration, for a redress of great grievances and for freedom from the degrading bondage in which they have been fettered by the inefficiency and ignorance of a few dozen of overbearing and purse-proud monopolizers. On a future occasion I shall again recur to this subject, and in the mean time subscribe myself, yours, &c.,

HONOURABLE CONDUCT OF DR. ADDISON AT GUY'S HOSPITAL.

To the Editor of THE LANCET.
Sir,—Believing that nothing which in the slightest degree affects the interest of the medical student will be considered unworthy of notice by you, I shall not apologise for addressing you upon the following subject. You are aware that the lecturer on materia medica at Guy's Hospital professes (in the hospital prospectus annually published) to give lectures twice a week, viz., Tuesday and Friday evenings. Finding, however, soon after the commencement of the course, that he could not get through the series of lectures in the prescribed term of four months, and at the same time do that ample justice to his subject which he wished (and which every one in the habit of hearing Dr. Addison will allow that he does), he determined to give a third lecture every Wednesday morning; and this he continued to do till, in consequence of having received some intimation from a portion of his class, who were attached to another school of anatomy and medicine in the neighbourhood, that the hour of lecture (half-past nine a.m.) on Wednesdays, prevented their attending another course of lectures which was delivered at the said school, but that if it were altered to nine o'clock, it would not interfere with such course of lectures. I say, in consequence of an intimation of this kind, Dr. Addison proposed to the class, on Tuesday evening last, that the Wednesday lecture should commence at nine instead of half-past, and this proposition he put to the vote, promising, that if the majority were against the measure, he would return the money of those with whose arrangements (made under an idea of there being but two lectures delivered in a week) the Wednesday lecture of half-past nine interfered. The majority, Sir, (influenced, perhaps, by that spirit of party into which it is so natural for young men to enter without much consideration) *decided against the alteration*; and the consequence which must result from this decision is, that the lecturer (acting, as he doubtless will, up to his promise) will have to return upwards of a hundred guineas (the number of the minority exceeding twenty-five), solely and entirely through his honourable and conscientious conduct in resolving to treat his subject in the fullest and most satisfactory manner, since by cutting off the extra lecture he might of course have retained the whole sum. It is not often, Mr. Editor, that we see lecturers executing, or desirous of executing, more than they profess or engaged to do; nor is it an example very likely to be followed, when, as in this instance, a lecturer will lose a considerable sum merely because (to

HYDATIDS.—NEURALGIA. 765

and therefore instituted a careful external examination, as well as one by the vagina. By the former I discovered a tumour situated on the right side of the abdomen, about the size of the fetal head, hard and painful to the touch; by the latter I could not detect the os uteri, though I was unable to identify any other important change or deviation from the natural state of the parts. As the case was so obscure, I treated the patient with palliative remedies only, and she continued with little alteration in her symptoms, and with slight hopes of her recovery, until August, when her mother one day informed me that the menstrual discharge came by the anus. On examination, however, by this passage, as well as by the vagina, I could gain no additional information as to the nature of her complaint. Soon after this occurrence, a horribly fetid discharge became permanent from the rectum; but her case still continued in the same obscurity, and her health was apparently sinking under the constitutional irritation induced by the disease. She continued, however, to go on in this state for many months, and it was not until the month of October, 1827, that any change worthy registering took place; but about this period she began, for the first time, to complain of severe cutting pain on evacuating the bowels, which led me to examine her motions frequently, by which, proceeding I discovered at different times, between this month and January, 1828, most of the large bones of a fetus, apparently of about six months; I also extracted several from the rectum. These bones, which I have in my possession, consist of the temporal, parietal, occipital, humeral, costal, femoral, the vertebrae, &c. During the process of their removal from the system, the tumour of the abdomen very sensibly diminished in size; the discharge from the rectum gradually ceased, and the patient's health progressively improved, so that I took leave of her in March with every prospect of her ultimate recovery; and upon inquiry of her mother some days since, I find she has gained flesh and strength with the perfect re-establishment of her health.

Colshill, Warwickshire, Nov. 1830.

[The above case, with Mr. Davies' note, was only received last week.—Ed. L.]

some remarks which were made on the greater success which might be expected to attend tapping in cases of acute than in chronic hydrocephalus. He observed that he had once been led to think that hydatids always formed upon the brain in sheep, but he had since found them occur within it. On one sheep he made the following experiment:—he took out a portion of bone with the trephine, and on cutting through the dura mater, a very large hydatid partially protruded. This he attempted to extract, but the cyst broke in the trial. He afterwards extracted the cyst, and upon looking through the opening made with the trephine, he found the interior to present a large, empty, cavity; the brain appeared completely gone. He then let down a light through the opening into the cavity of the skull, by which it appeared that nearly the whole of the cerebrum was wanting. The opening being afterwards closed, the sheep got up and fed, and seemed better for the three following days, but on the morning of the fourth he found it lying convulsed, in which state it soon died. Upon opening the head, he found a little of the cerebrum at the base, and some remains at the sides, forming an imperfect shell of brain; there were several other smaller hydatids remaining. From this Mr. Stephens concluded, that when an operation succeeded in these cases, it must be where there was only a single hydatid, and where there was but little disorganisation of the brain; he agreed in opinion, therefore, with those who thought there was a better prospect of success in operating in acute than in chronic hydrocephalus, because in the former there was no particular disorganisation of the brain accompanying the collection of fluid, whilst in the latter, portions of the brain were in many instances destroyed, and in such cases, even if you could preserve life, you could not preserve or repair the intellect. Sir Asley Cooper once showed Mr. Stephens's eye of him, where he had opened an hydatid and discharged the water, and in which case the animal had recovered, and had afterwards borne a lamb.

HOTEL DIEU.

NEURALGIA FROM PRESSURE ON THE TRIGEMINOCALCAREAL NERVE.

JULIE L., *æt.* 36, was admitted on the 17th March, 1829, in the following state:—She complained of bad taste in the mouth; sickness; pain in the region of the heart, to which she referred all her sufferings and frequent cough; sensation of being choked, with mucous expectoration; the tongue was clear; the epigastrium free from pain; the pulse was very irregular, and respiration

SITUATION OF HYDATIDS IN THE BRAIN OF SHEEP.

At a meeting of the London Medical Society a short time since, the following experiment on a sheep, which was subject to the formation of hydatids in the head, was related by Mr. Stephens in the course of

accompanied with a loud wheezing noise; she had not menstruated for the last six months; at the left sterno-clavicular articulation there was a tumour of the size of a walnut, which was free from pain and without pulsation. She stated, that at the beginning of March she had, without any obvious cause, been seized with violent cough, hoarseness, and a sensation as if she was strangled; the cough she described as bearing a great resemblance to whooping-cough; she had been bled, and the symptoms had in consequence become less violent. In the hospital she was also bled, and had leeches and blisters, but without any effect; typhoid symptoms soon succeeded, and she died on the 23d of March. As to the diagnosis of the case, it appears that the practitioners under whose care the patient was, hesitated between softening of the mucous membrane of the stomach, and hydroptic peritonitis, neither of which opinions was confirmed by the post-mortem examination. The lungs were healthy, with the exception of the lower part of the right lung, which exhibited a slight inflammatory "engorgement." The bronchi, and their larger ramifications, were filled with purulent mucus, similar to what had been expectorated during life; the heart, pericardium, oesophagus, stomach, and the other abdominal viscera, were perfectly healthy; the tumour, at the upper portion of the sternum, consisted of encysted mass, and a similar tumour, but less in size was found at the lower portion of the trachea at its anterior surface, communicating by a small aperture with the canal of the trachea; another encysted tumour was situated between the pulmonary artery and the arch of the aorta, close to the cardiac nerve and the ganglions; a fourth tumour, which also communicated with the trachea, was found to have pressed on the right recurrent nerve, and another encysted mass was closely adherent to the left recurrent nerve, so as to be almost confounded with its tissue.—*Journ. Hecdon.*

MR. KEY'S NEGLECT OF HIS DUTY AT GUY'S HOSPITAL.

To the Editor of THE LANCET. Sir,—I am sorry that it is necessary I should have recourse to this plan more and by medical students at most of the other London hospitals; but the nature of my grievance will, I am sure, induce you to show me "civility" in your valuable publication.

What I have to complain of is the irresponsibility of the attendance of the senior surgeon of Guy's Hospital (Mr. Key). The importance both to the students and patients that the surgeon should be present in the time of visiting the wards I need hardly point out to you, yet I can assure you, we are kept waiting by that gentleman from twelve (thirteen) till one, and frequently till half past one o'clock. Now, as most of the students that attend the practice at this hospital have an anatomical lecture at two o'clock, it must be obvious that they must either miss their lecture or go home weary and at all. Mr. Key, no doubt, has a large pri-

vate practice, but then, I would say, let him attend to it at the expense of his own time, and not at that of the students, from each of whom he receives the third of 60*s.* the sum paid by the student for the privilege of witnessing the surgical practice at this institution; and I must say that, considering the enormous sum which Mr. Key receives from the pupils, he ought to pay a little more attention to their instruction; and not, through negligence of his duty, allow his pupils to be deprived not only of their money but also of their time. I can say, not only I think my student can complain of the other medical officers' attendance at this institution—Mr. Morgan and Mr. Cooper being regularly at their post within a few minutes of twelve o'clock. Hoping that what I have said may have some little influence towards the pupils of this institution acquiring their rights, I remain, Sir, your obedient servant,

Feb. 10th. A PUPIL OF GUY'S.

BOOKS RECEIVED.

Illustrations of Surgical Anatomy, with explanations, references founded on the work of M. Blandin. By John W. M. Barr, Surgeon to the City Dispensary, &c. &c. Edited under the direction of the Editor by Henry J. and J. Johnston. Edinburgh: Macmillan, 1851. 4to.

Three whole-length Views of the Human Skeleton, with surrounding outline delineations of the human figure. Engraved in perspective, on three large sheets, with references. London: published by J. Cook and S. Highley, 1851.

The Anatomical Atlas of Dr. M. J. Weber, Professor at Bonn; containing engravings on sheets of a front and hind view of the male skeleton, the organs of hearing, speech, and taste, and a posterior view of the petrous viscera of the full size, with an explanation and references. London: A. Schless.

A Supplement to the Pharmacopœia, and Treatise on Pharmacy in general, including not only the drugs and preparations used by practitioners, but also most of those employed in chemistry, with a selection of medical formulas, an explanation of the contractions used by physicians and druggists, being a complete dispensatory and manual for medical practitioners and retail druggists, &c. By Samuel Frederick Gray. London: Underwood, 1851. 8vo. pp. viii. Fifth edition.

Manual of Operative Surgery, translated from the third edition of the French of J. C. Cooper, M.D.F.R.S. By George Fink, M.D., Surgeon to the Northern Public Dispensary. Edinburgh: Macmillan and Stewart, 1851. 8vo. pp. viii. Fifth edition.

A Manual of Analytical Chemistry, by Henry Rose, Professor of Chemistry at Berlin. Translated from the German by John Griffin. London: T. Page, 1851. 8vo. pp. xiv.

The Veterinarian for January and February, 1851. No. 4.

Dr. A. T. Thomson's Introductory Lecture on Medical Jurisprudence, delivered in the University of London, January, 1851. London: Taylor, pp. 31.

CORRESPONDENTS.

We do not feel that it would be right to publish the letter signed J. L. of Charles. The surgeon against whom it is directed, did not in his communication make an attack upon any individual, but is not therefore open to the imputation, whether just or not, contained in our correspondence, in which, we may also add, does not contain a denial of any of the statements made by the gentleman in question, while its publication would involve us in a controversy to which it would be hardly possible afterwards to put a limit.

F.R.S. Moderate diet and laxative medicines.

For the Letter, must substantiate his communication.

THE LANCET.

many were simultaneously attacked by tho-
matic and abdominal inflammations. In 26
the head and chest, in 50 the head and belly,
and in 14 the head, chest, and abdomen,
were together affected. Dr. Tweedie takes
particular notice of the obscuring influence
often exercised by cerebral disorders over
other concomitant affections, a point which
has escaped the attention of many eminent
writers, but which is of the utmost import-
ance in many respects. Amongst others, it
displays the immense value of the stetho-
scope as a diagnostic instrument, and al-
lenges, effectually, the indolent cavillers,
who still exclaim, "Cui bono?" whenever
the stethoscope is praised as an auxiliary
to practical medicine. On its utility in la-
tent pleuritis, Dr. Tweedie makes the sub-
joined observations:—
"The pain, cough, and hurried breathing
in general, readily pointed out the disease
when it occurred. In a number of instances,
however, the symptoms in the chest had
been entirely overlooked before the patient
was admitted; while in others, the disease
assumed a slow insidious form, without any
very well-marked symptoms, except a little
acceleration in the breathing, and a slight
increase of the fever: when there had been
much disturbance in the nervous system, it
was very often so obscure as to be entirely
overlooked. It is well known, that in la-
tent pleurisy, unconnected with idiopathic
fever, there are often few or none of the
ordinary symptoms to point out its exist-
ence; and when it occurs in fever, with
much cerebral disorder, it is evident how
much this condition of the brain must tend
to conceal, still more, the symptoms in the
chest. The application of the stethoscope
is, in such cases, the only sure method of
detecting the state of the lungs, and under
such circumstances its utility is unquestio-
nable. It is to be regretted that a know-
ledge of its distinctive sounds is not more
easily attained."

In the fourth chapter the author gives an
excellent description of typhus, which he
subdivides into simple and complicated, and
by which he means "those fevers in which
the brain and nervous system are early and
severely affected, accompanied with symp-
toms denoting a morbid condition of the
mucous membrane or skin, and a tendency
to what is known by the term putrescency."
The following cases and observations are
of the highest practical importance, and well
illustrate some of our strictures on Dr.
Smith's venesectionary operations:—

"I have treated several cases of adyna-
mic or simple typhus fever, both in public
and private practice, within the last twelve
months; but certainly the proportion of
these cases has been small, compared with
the more acute forms of fever, which have
come under my care. I was called into con-
sultation, by my able friend Dr. Marshall
Hall, a short time ago, in a case precisely of
this description; indeed it was an excellent
illustration of its general character—great
prostration of the muscular and nervous
powers, delirium, hemorrhage from the
bowels, a few scattered petechiæ, soft flint
pulse, while the state of the skin, as to heat
and moisture, deviated little from the natural
state. I attended another case, with Mr.
Duffin, about the same period. In this pa-
tient, the description of fever was purely
adynamic; the most remarkable features
were, the greatest muscular prostration, with
nocturnal delirium, so that she lay sunk in
the bed, passing her stools involuntarily
without the slightest pain, or any symp-
toms of local disturbance. It was necessary,
in the very first stage of the disease, to ad-
minister wine and stimuli very freely; under
which treatment she slowly, though even-
tually, recovered; but her convalescence was
retarded by that peculiar swelling of the
lower extremity which I have elsewhere
described."

This lady certainly was saved by liberal
doses of wine; and so great was the "tend-
ency to death," that for 48 hours it was
necessary to sit by her bed-side with the
finger on the pulse, and to administer stimuli
whenever it appeared to become soft and
compressible; in fact, the heart's action
seemed to be completely under the control
of diffusible stimuli."

"If such treatment were applied to some
of epidemic fever in general, I need not an-
ticipate the result; or, had antiphlogistic
measures been adopted in the case of this
patient, I can safely say, that the abstrac-
tion of a few ounces of blood, or even a
brisk purgative, would have been instantly
fatal. The necessity, therefore, for discer-
mination in the treatment of fever is evident;
for although much information and assist-
ance may be obtained from the prevailing
character of the disease, yet every individual
case must be treated *per se*, with due refer-
ence to its particular and individual cir-
cumstances."

The three following chapters are devoted
to the consideration of the causes of fever,
its general mortality, and the history and
treatment of the febrile cases. Under the
first head we find the subject of com-

* See my paper in the Edinburgh Medical Journal, October, 1838.

given justly occupying a prominent place, and its agency proved by the most satisfactory reasoning, and an apposite assortment of striking facts, observed by the author, and his friend and former teacher, Dr. Alison, of Edinburgh. We, however, pass over Dr. Tweedie's views on this subject on the present occasion, as we shall shortly take an opportunity of noticing them, when we shall be occupied in investigating the merits of the numerous controversial essays which have been recently published on the late Gibraltar epidemic.

To the 7th chapter on the history and treatment of the fatal cases, and the morbid appearances observed on dissection, which comprehends 60 pages in a minuter character than the rest of the volume, we would especially direct the attention of the profession; in it the practitioner will find numerous valuable facts in semeiology, therapeutics, and pathology, and the student a useful model for the construction of cases and clinical reports. It is here that the contrast between Dr. Smith's Treatise and Dr. Tweedie's illustrations is most prominent. In the one, we find attempts without end to support a favorite syllogistic definition of a disease; in the second, we see a close adherence to its natural history and practical details. In the first, the treatment is either entirely suppressed, or noticed but with a cursory and occasional glance, while in the other, the treatment is properly placed in the most relieved position, so that its effect upon the symptoms of the disease may be readily understood. This, if we mistake not, should be the particular object of treatises on such a subject.

On the utility of blood-letting in fever, the restrictions with which it should be practised, and the examples in which it is detrimental, we find excellent remarks in the 8th chapter, in which the general treatment of the disease is considered. From this chapter we extract the following practical remarks.—

“Fully convinced as I am of the advantages of employing the lancet judiciously in fever, still it is not a remedy that should be indiscriminately adopted, as if fever were identical with inflammation. I feel it incumbent on me to give this caution as a check to those who abstract blood in fever, with the view of extinguishing it. The only stage of the disease at which this can be accomplished, and it is rarely accomplished, is at the very first onset, and before any decided impression on the various organs has been made. From my own observations, I can bear testimony to the practical import of the following doctrine as applied to fever. The aged, infirm, and habitual free livers, in all diseases bear bleeding ill. But, besides these more familiar classes, there is another, in which phlebotomy must be cautiously and sparingly practised. It consists of men, perhaps not above the middle age, whose minds and bodies, either from the circumstances in which they are placed, or from a natural ardour of temperament, are necessarily taxed to the very utmost of their powers. With this class of persons, and medical men themselves too frequently belong to it, we must deal tenderly, or the mischief will speedily be irretrievable.” It is also a well-established fact, that in some epidemics, and even at particular seasons, fever is not only more fatal, but does not bear blood-letting so well as at other times. We also know that in complicated fever, the local symptoms vary in degree, and therefore require the discriminating hand of experience to apply, with advantage, a modification of this class of remedies. The experience of epidemic puerperal fever has shown, that though this severe, and often fatal, disease generally depends on inflammation of the peritonium, and is most successfully treated by the early and free abstraction of blood, and other antiphlogistic measures, yet in some epidemics, or even in sporadic cases, these measures would be speedily destructive. This is owing not so much to any variation in the symptoms in the disease, as to some unexplained state of the system, at certain periods when puerperal fever is prevalent.

Again, at page 175, Dr. Tweedie thus further adverts to this important topic:—

“As far, however, as my experience of the epidemic fever of London for the last ten years has enabled me to judge, the symptoms have generally required the employment of blood-letting at the commencement; yet, from the facts stated, and from what has been observed by many practical writers, I think it should be kept steadily in mind, that an epidemic may appear, which will not bear the same bold treatment which has been recommended in this report; and I would again take the liberty of reminding those who scarcely draw any line of distinction between complicated fever and common inflammation, that there are modifying circumstances in fever which render the eye-—

— *on Epidemic and Puerperal Fever, Inflammation, &c., by Joseph Bower, M.D.*

tem unable to withstand large losses of blood without great hazard. - - - -
"In short, much judgment and discrimination are often required in the use of the lancet in fever, since, after it has advanced beyond a certain stage, the measures which, at a more early period, would have been proper, are not only inapplicable, but often positively injurious, if not fatal. When the indications for bloodletting in fever, to abate the violence of general excitement, or to subdue organic inflammation, have been fulfilled, or, in other words, when a decided impression on the general and local symptoms has been made by bloodletting, the system should be left pretty much to its own resources. We are not to bleed because the general symptoms of fever continue, but endeavour to guide the patient through the disease, carefully and minutely watching the recurrence of inflammation."

The several other modes of treatment, and the various remedies, are discussed in this chapter in an equally judicious manner; and the author's observations on the use and abuse of wine in this disease, are particularly valuable.

Cordially recommending Dr. Tweedie's "Illustrations" to the attention of our professional brethren, we turn to the "Mémoires" of M. Dance.

Of these papers three have already appeared in the "Archives Gen. de Médecine;" the fourth and last will be published shortly. Taken as they stand at present, they are as singular productions in their way as we have ever perused. The author starts with the insinuation that the recent fashion for strict pathological researches, in this disease, is detrimental to the early acquisition of practical curative knowledge; that it is a tardy and a roundabout mode of arriving at the legitimate object of inquiry, and that the best means of acquiring this practical knowledge is by the empiric observance of the effects produced by the most opposite methods of treatment. In his third page M. Dance anticipates the conclusion of his researches, by announcing his impression that the best of all treatment is the "medico expectante hygiénique;" in other words, letting the muleky work its own way; and he then proceeds to gallop over a multitude of cases, as Major Head did over the Pam-pas, scattering rough notes of observation and illustration as he goes, on the different groups of objects which he passes. One

thing is especially worthy of notice, namely, that the cases are not affiliated on any particular physician or institution, nor are we afforded any data by which we may refer them to M. Dance himself. So much the better for M. Dance's reputation, for a more melancholy exhibition of absolute and pernicious quackery we have never examined; many of the cases are disgraceful to the practitioner by whom they were treated. In one paper we are presented with a series of examples of fever treated exclusively by tonics; in another, by venesections and other evacuations of blood; in a third, by purgatives and emetics, and to each class we find observations appended, reasoning on the success, or want of success, of a certain mode of treatment, and rejecting or adopting it, according to the evidence afforded by results. But the degree of faith which may be reposed on these conclusions may be readily estimated, when we see leeching and bleeding practised in the most advanced stages of low typhus fever, and bark administered when the abdomen is exquisitely tender to the touch.

We have been induced, on several accounts, to offer these cursory remarks on M. Dance's production. In the first place the periodical which contains them, stands in high repute amongst the "compilers" of our medical contemporaries, and this notice may be the means of cautioning the profession against attaching any faith to such official, glib, and unimpeachable statements of M. Dance's results, as may appear in an English dress, neatly arranged in rank-and-file order, very captivating to the eye, but calculated to mislead the judgment of those who are not prepared to suspect the true character of the documents. We have of late repeatedly noticed compilations of this kind; general results being extracted from foreign journals and put forward as guides for our practice, while the cases from which they have been deduced have been, either not at all, or, at most, very superficially examined.

Having published this caution, however, we may venture to recommend the *Mémoires* to the notice of the pathologist, on account of the abundant and admirable necroscopic observations which they contain; for though M. Dance boldly contends for the superiority of empiric clinical experiments, yet, to en-

force his positions, he advances pathological facts of much value, and with great anatomical precision.

The Edinburgh Medical and Surgical Journal, January, 1831.

WE have already spoken in complimentary terms of the current number of the *Edinburgh Journal*, and we have made lengthened extracts from its first article on the state of medical science in Constantinople. We now proceed to an analysis of the remaining original papers, passing over a voluminous Essay on the Gibraltar Epidemic by Dr. SMITH, which we reserve for future consideration.

FRAMBÆSIA.—The third paper is by Mr. Mason, on frambæsia, or yaws, which disease he describes with great apparent fidelity; but as the subject is comparatively unimportant to the British practitioner, we shall pass it over with a superficial notice. A similar disease to the yaws, if the affections are not altogether identical, has been long prevalent in the south of Ireland, where it is termed the "button scurvy." Like the frambæsia, its diagnostic character is a pale-coloured, granular, compound tubercle, capable of propagating by inoculation; like yaws it runs a chronic and lingering course, and either induces or predisposes to various constitutional disorders, of which the aggravation of the scrofulous diathesis is of very frequent occurrence. We have, however, never heard of its affecting the soles of the feet in the manner of the crab yaw, though that it does so we have little doubt. We are not aware of the existence of any description of the "button scurvy." Bate-man contains no notice of it, Mr. Plumbe is equally silent on the subject, and we cannot find in Alibert's bombastic, though accurate volumes, any description of such disease as being endemic in France. We would, therefore, call the attention of our Irish readers to the disease. The infirmaries of Clare, Cork, and Limerick, afford abundant opportunities for investigating it in all its stages. We shall be much disappointed if no further information be elicited by this intimation.

We cannot leave Mr. Mason's paper without transferring to our pages the following

extraordinary statement respecting the ANTIEBULLITION PROPERTIES OF AFRICAN LEGS.

"An African practice, however, still in use among the ignorant negro empires, ought not to pass unnoticed. It is always attended with danger, and in some instances within my own knowledge has proved fatal. It consists in immersing the feet in a medicated hot-bath, composed of a watery decoction of various herbs, and which, by means of a slow fire, is kept constantly near the boiling temperature. In this state the patient's feet, closely wrapt round with woollen cloth, are retained in it for the period of nine days with barbarous perseverance, often in spite of the cries and supplications of some of the more sensitive sufferers, while others undergo the process with callous indifference. There are instances, as I observed above, of the former class of unfortunate individuals who have expired on the spot. The effects of this dangerous practice on the local affection tend to remove the hardened skin from the soles of the feet, and with it most probably the crab yaw tubercles; but of the permanency of the cure I am not sufficiently informed."

Now, we should, perhaps, believe every word here quoted, did we not recollect that Mrs. Glass cooks a leg of mutton thoroughly in three hours; the nine days' decoction just spoken of would convert any animal tissue, living or dead, into perfect *bouilli*.

QUACK MEDICINES.—The next article is by Dr. Hancock, on the Mal d'Estomac, or Cachexia Africana. The paper, notwithstanding its obsolete and disagreeable phraseology,* may be read with some advantage in the West Indies, but in this country it is only interesting for the following valuable note, with the observations in which, from repeated experiments, we entirely coincide:—

"Certain empirical remedies are occasionally found to have great efficacy, and deserve more attention than has yet been bestowed in discovering the nature of their pharmaceutical composition. Dr. Paris has justly observed, that they not unfrequently afford instances of some of our best compounds, whilst the modern mania, for simplicity in prescribing, has robbed us of many of the more efficient remedies formerly in use as officinals. Some twenty years ago a

* On which account, as it was very long, we were induced to decline, several months since, the publication of Dr. Hancock's paper in this journal; and while mentioning this circumstance, we take the opportunity of stating, that within the last year, there have been published twenty worthless papers in the pages of a certain characterless and venal periodical, which had previously been rejected by THE LANCET.

certain nostrum was used in the colonies, and with great success, in *Mal d'Estomac*, as reported by certain practitioners. It was sent home to some eminent chemist for analysis, and reported to contain *arsenic*. This was not improbable, although I have learnt to place but little confidence in the pretended examination of quack remedies. We see in several late works a display, or professed disclosure, of such secrets, and in which the components are mentioned without the least doubt as being indicated by chemical analysis. The reports we have hitherto seen published in some magazines, and repeated in the *Pharmacologia* of Dr. Paris, Rennie's and Gray's Supplements, &c., are little worthy of regard; they have for the most part been got up merely under a show of science. The old nostrum, for instance, called 'Spilsbury's Drops,' is said, in these reports, to contain two drachms of corrosive sublimate to a pint of the menstruum; but several samples I have examined showed no traces of this mineral. One of these I bought expressly for examination from the proprietors in Soho Square, but the sense of taste alone would show this absurdity. * * * * With respect to such false reports, some will exclaim, 'It is right to put people on their guard against quack medicines.' Now, it has no such effect, but is liable to produce the most fatal results. Gentlemen who give publicity to such mistatements are not aware they are entailing much greater evils on society than could arise from all the quackery which they are desirous to defeat. They should consider that the more saleable nostrums are prepared by many other persons besides the proprietors, and that the prescriptions thus published will be followed by numerous imitators. Let us suppose, then, that a person who has been in the habit of taking large doses of *Spilsbury's Drops*, gets a bottle of that prepared with $\frac{3j}{i}$ of sublimate to a pint of menstruum, and takes his usual dose, the result, it is plain, might prove fatal."

SOME OF THE CHANGES PRODUCED IN THE COATS OF THE EYE BY INFLAMMATION.—

The 5th Article is one of much practical value and pathological interest. The author, Mr. Watson, sets out by observing, that the investigation of the morbid changes of structure in the eye has not yet received much elucidation from the labours of the morbid anatomist, an assertion in which he is borne out by the testimony of all eminent writers on the subject, and which is accounted for by the rarity of a fatal termination from diseases of the eye. Mr. Watson then proceeds to describe the changes ef-

fects by inflammation in the various tunics. The annexed observations on the inflammation of the sclerotica are well worth attention :—

"*Sclerotica*.—Two changes of structure of an opposite nature take place in the sclerotic coat from inflammation: the one consisting of an increased thickening of the coat, the other of a diminution of its natural thickness or thinning of it. The former of these takes place in those cases where this coat is alone the seat of inflammation, or partakes of the inflammation affecting other parts of the eye. The latter appears to take place in cases where the other coats of the eye are chiefly affected. Increased thickness of the sclerotica from interstitial deposition is probably of common occurrence in aggravated cases of ophthalmia, though it has been rarely observed, owing to its not giving rise to any peculiar morbid phenomena, and opportunities for dissection rarely occurring. Diminished thickness, or interstitial absorption of the sclerotica, gives rise to an appearance known by the name staphyloma of this coat. Staphyloma sclerotica consists of a part of this coat projecting beyond the rest, and having a bluish colour, which is dark in proportion to the thinness of the part. This blue colour arises from the choroid coat being seen through the semitransparent conjunctiva and sclerotica. It seems to me probable, that the thinning and yielding of the sclerotic coat take place in consequence of increased pressure from morbid accumulation of fluids within the eyeball, upon an inflamed portion of this coat. It occurs most frequently near to the cornea, where the coat is thinnest, and where it is most apt to become inflamed, from its proximity to the iris and ciliary ligament. In most of the cases in which I have seen this affection, the eyes may be said to have been dropsical; and in none of them had an opening been previously formed in the cornea or other parts, by which any of the humours could have been evacuated. In some cases the cellular tissue of the hyaloid membrane, containing the vitreous humour, has become disorganised and absorbed, leaving the eyeball filled with limpid fluid, and the lens floating loose amongst it. In others, a morbid accumulation of fluid has taken place between the retina and choroid coat."

Speaking of inflammations of the iris, the author contends, that simple iritis is extremely rare, but that in a vast majority of cases the choroid coat is also affected. In some rare cases, Mr. Watson has noticed the growth of a red fungus-looking substance from the surface of the iris, an ap-

pearance which occasionally induces the inexperienced to apprehend malignant incurable disease of that organ, when a few soothing remedies would remove the affection. Two cases of mixed warts and choroiditis are related, which tend to show that effusion not unfrequently takes place in the retina-choroid cavity. For the cure of this the author recommends puncturing the sclerotic and choroid coats by means of a grooved needle. In one of these cases Mr. Watson records the curious fact, that cholesterine was found in the vitreous humour.

FOLLICULAR ORIGIN OF SOME VAGINAL TUMOURS.—Some brief but important observations on this subject, by Mr. G. O. Hemming, follow. In two cases which he examined after death, he thus describes the peculiar appearances to which he calls the attention of the profession:—

“Sir Astley Cooper has, in a very interesting paper, shown that some enayed tumours consist in enlargement of cutaneous follicles; and in the course of his work upon heria, that gentleman has described a similar tumour originating in enlargement of a mucous follicle, situated just below the meatus urinarius in women.

“It has not, I believe, been hitherto conjectured, that some of these tumours which are known occasionally to occupy the pelvis and obstruct parturition have a similar origin. This fact supers, however, he distinctly established by cases which have fallen under my observation; and it is the more important, because it immediately suggests the propriety and safety of the treatment by free incision.

“I have carefully examined the bodies of two women, in whom I found tumours of this description projecting into the vagina; in one there were two of these tumours, in the other there was a single one as large as an egg. On a minute examination of their internal structure, it was evident that they consisted of obstructed lacunae, which had thereby become dilated into a cyst, and distended by a gelatinous fluid. I was enabled to trace distinctly in the smallest tumour a continuation of the mucous membrane of the vagina into the tumour, and a reflection of this membrane forming the lining to the latter. I can have no doubt that the tumour in Mrs. Hollingworth, the particulars of which I am about to detail, was of the same nature. Mr. Vincent, as well as myself, was convinced of this fact; and it is probable that the greater number of those tumours which obstruct parturition, and which have been described by the authors who have written on this subject, were of similar

origin. If this be the case, I think no one would doubt that when they existed in labour, so as to obstruct the descent of the child, the best practice is to evacuate, and thereby diminish them by a *very free opening*.”

In the case alluded to, Mr. Hemming dissected out the tumour. The operation was attended with very considerable hemorrhage, but this was stopped by plugging the vagina with lint, and in three weeks the patient was quite well. We should remark she was not pregnant. Mr. Hemming correctly attaches much importance to a just diagnosis, and this he considers may be easily established by tracing the origin of the tumour, and taking into consideration the circumstances of the case. Thus, in the instance he describes, “it could not be prolapsus, for the neck of the uterus could be felt above the tumour in its natural situation, and the same circumstance, together with the absence of the symptoms of pregnancy, proved that it could not be retroversion of the uterus.”

OPERATION FOR ENLARGED VAGINAL CRYPT.—Mr. Liston describes the operation in these words:—

“The patient’s head being held backward, the under surface of the point of the nose is pared, so as to present a raw and concave surface; a bistoury is then twice passed through the upper lip, close to the root of the original columella, and each time carried forwards to the mouth in a straight direction, and with little sawing motion, so as to include a slip about a quarter of an inch in breadth. This slip, composed of skin, mucous membrane, and the interposed tissue, is then deprived of its probolium, and elevated without treating, so that its oral margin is placed in contact with the raw surface on the tip of the nose; and in this position it is retained by a point of convoluted suture, a pin being passed obliquely through the point of the nose and the upper part of the new columella. The raw edges in the wound of the lip are brought into accurate apposition by two points of twisted suture, as the operation for harelip.”

Mr. Liston operated in this manner in five cases with complete success. He insists particularly on the circumstance, that the slip removed from the lip should not be twisted at its attachment, but that it should be simply raised, as if on a hinge, the mucous membrane remaining external. In a few weeks, he states, this membrane be-

comes assimilated to the cutaneous texture, and no inconvenience is sustained by the growth of the beard internally, as the hairs from moisture and want of cropping soon lose their rigid character, and entirely resemble the hair peculiar to that situation. In a case in which Dupuytren lately operated without success, Mr. Liston considers the principal cause of failure to have been the twisting of the fleshy attachment to the upper lip. He also shows satisfactorily that the loss of part of the lip in *these cases* does not cause, but rather remedies, a deformity, inasmuch as from wanting the support of the columella nasi, the lip hangs down in the manner seen in scrofulous persons.

ON THE MUTUAL ACTION OF BLOOD AND ATMOSPHERIC AIR.—We now arrive at the essay on this subject by Dr. Christison, being the first of an intended series of inquiries on some disputed points in the chemical physiology of the blood and respiration. This article is fraught with interesting matter, and we accordingly subjoin an *abstract* of its most important parts. Dr. Christison declares his object in this part of his inquiry to be, to ascertain “what changes really take place, and whether the arterialisatio*n* of the blood in the lungs is a vital or a physical process,” observing that from the well-known phenomena of respiration, as far as it concerns the colour of the blood, and the effect on the inhaled air, it has been generally considered to be dependent on physical rather than on vital causes. Very lately, however, Dr. John Davy has, from experimental researches, been inclined to contradict this opinion, and to state that air and recently-drawn blood have no mutual action whatever, that the colour of blood is not changed, that no oxygen disappears from the air, and that no carbonic acid is formed in it. Dr. Davy also asserts that the eminent chemists and physiologists who brought forward these doctrines, fell into the error by using blood in a state of incipient putrefaction.

On Dr. Davy's statements our author makes the following remarks:—“I shall first consider the question as to the change the blood undergoes in colour by being placed in contact with air, and then the question as to the change the air undergoes in its turn. The effect of agitation with air in changing the colour of blood

has always appeared to me obvious and unequivocal. Dr. Davy says the change is more apparent than real, is produced by the blood being converted for a time by the agitation into bloody froth, and gives place after repose to the original dull purple colour peculiar to venous blood. I have not been able to observe what is here mentioned, provided the blood used was fresh and not decayed. The purple venous blood always becomes by agitation with air brightly crimson, and remained so for more than a day, sometimes for four days; and the difference in tint was so great that no one could mistake the two varieties of blood at the distance even of five-and-twenty or thirty feet. Dr. Davy adds, that agitation in hydrogen gas had the same effect on venous blood as agitation in atmospheric air. But in this respect also my experiments differ from his. When I agitated venous blood in hydrogen, which had previously been entirely freed from oxygen by a ball of spongy platinum, no change whatever could be remarked in the colour; and when the same blood was then agitated in atmospheric air, it became bright crimson as usual. In all the experiments I have been mentioning, the blood was drawn not more than three hours, and sometimes only one hour, before it was used. There appears to me, therefore, no reason for doubting that venous blood acquires the colour peculiar to arterial blood, after being agitated with air out of the body.”

On a former occasion we ventured to speak slightly of some of Dr. Davy's chemical researches, and we should not be surprised if Dr. Christison has now put an “extinguisher” on his investigations. At least the public will not for the future sacrifice so much to a name as they have hitherto done, but, like Dr. Christison, will perhaps experiment for themselves, before they subscribe to any opinion no matter how authoritatively it may be set forth.

Dr. Christison next examines into the correctness of Dr. Davy's assertion, that “the colour of the blood is not changed, that no oxygen disappears from the air, and that no carbonic acid is formed in it.” Of his results he speaks in these terms:—

“I am sorry, however, that my experiments on these points compel me again to differ from so eminent and accurate a chemist. I have tried the effect of agitating venous blood in air no less than thirteen times, in expectation of meeting with some fact which might reconcile my previous observations with those of Dr. Davy, but I have not been able to remark in a single instance that want of action on the air which

he believes he has established. I shall describe the experiments here alluded to in detail. For they seem to afford more precise information than any hitherto possessed respecting the arterIALIZATION of the blood out of the body; they prove completely that the process of arterIALIZATION, so far as regards the changes which the blood undergoes in colour, and the air in composition, is a chemical and not a vital phenomenon; and they will contribute afterwards to explain some doubtful points in the physiology of the blood, which it is otherwise extremely difficult to comprehend."

The experiments alluded to are perfectly satisfactory.

On the important question of the absorption of nitrogen by the blood, the author speaks as follows:—

"The quantity of azote in the residual air appeared in general to be exactly the same as that in the air originally. In three experiments the azote in the residual air and that in the original air were as follows:—
1st, 10.10 cubic inches 10.18
2d, 10.36 10.27
3d, 10.35 10.35

Here then certainly no azote was absorbed or given off by the blood. In two experiments, however, a very small quantity appeared to be given off by the blood. But of this I am by no means satisfied, as the present method of experimenting is on too small a scale to justify any safe conclusion regarding such small differences as I obtained."

On this subject M. Collard de Martigny has recently made some interesting experiments; he found in four trials with 244 cubic inches of air, that azote was exhaled to the amount of 1.9, 1.8, 1.6, 0.1, cubic inch; in an equal number of experiments with 215 cubic inches, the quantity evolved was 4.1, 3.6, 1.8, and 1.3 cubic inches; and lastly, in a single trial with 165 cubic inches, the quantity was four cubic inches. Notwithstanding these experiments, we would still incline to Dr. Edwards's opinion, that the absorption or evolution of nitrogen depends chiefly on the age of the animal, the climate, and the season of the year.

Dr. Christison next advances some important facts and speculations concerning the different rates of absorption of oxygen by venous blood, which he has noticed to take place,—differences which he considers, and proves to be, too great to be dependent on the degree of exposure of the blood whilst issuing from the vein.

"The first cause of this different degree

of absorption of oxygen, is a difference in the degree of venosity or venalization of the blood in passing through the capillaries. That such a difference exists, is partly indicated by varieties in the colour of venous blood, which no medical man can have failed to remark. The usual colour of venous blood while issuing from a vein is dark purple; but in many febrile diseases, where the circulation is much excited, and especially in severe cases of acute rheumatism, its colour is unusually florid; and I have several times seen it issue of so bright a tint, that the operator was for an instant afraid he had opened an artery. This peculiar state of the venous blood will be naturally ascribed to the arterial blood having been less venalised in passing through the capillary circulation. . . . Accordingly, the least alteration of oxygen invariably occurs in those febrile diseases where the circulation is much excited, and the respiration at the same time free. These conditions exist most especially in acute rheumatism; and it was therefore in cases of this disease that the instances of slight action formerly mentioned have occurred. On all these occasions the blood was evidently more florid than usual, and in the instance where the loss of oxygen was only 0.57 of a cubic inch, the stream from the vein was so bright, that the gentleman who opened it had at first some suspicion that he had opened the artery."

Another material cause of different absorption, Dr. Christison considers to be "a difference in the proportion of coloring matter in the blood:—

"Every physiologist is aware that the proportion of solid matter contained in the blood, and consequently the proportion of its colouring matter, differ much in different circumstances. This is a subject, however, upon which very little precise information has been collected, and very few experimental inquiries have been made. It is therefore one of the topics which it is my purpose in the present series of investigations to endeavour to elucidate, by establishing what are the conditions of the body in which the coloring matter and other principles of the blood abound or are defective, and what relations their abundance or deficiency bears to diseases and their progress. My experiments in this department of inquiry are still too few in number to admit of being mentioned particularly. But I may anticipate the results which will be stated on a future occasion, by observing, that a very great difference does really exist in the proportion of solid ingredients, or in what may be termed the richness of the blood, and that its colouring matter appears to be peculiarly deficient in the advanced stages of fever, and in some forms of dropsey."

A case of dropsy is then described, [a] India Company's service at Bombay, and a which this deficiency of colouring matter was found to exist, and in which the absorption of oxygen was proportionately minute. The author then concludes his paper by charitably offering some excuses for Dr. Davy's "failures," which he attributes to the small quantities of blood and large volumes of air on which that gentleman made his experiments. We leave them to arrange these compliments between them, and conclude our notice of Dr. Christian's paper, by expressing our hope that he will not long withhold the continuation of his researches.

VENEREAL DISEASES.—The 11th article by Dr. Donnelly, surgeon of the Hussar frigate, on the treatment of the venereal disease, presents an elaborate series of facts respecting that disease, collected during his service on board the Hussar and the Sparrow-hawk, and during his superintendence of the Bermuda and Halifax naval hospitals. The sum of his observations he presents chiefly in the tabular form, which, of course, precludes any attempt at analysis on our parts. His therapeutic conclusions, however, are briefly told, and possess much practical value.

"If, then, the data I have furnished are considered sufficient to warrant any deduction, I can only conclude, that, as far as shortening the time of cure is important, the advantage is much in favour of the non-mercurial treatment, which is at least gratuitous, where sores heal without its aid, whilst the inconvenience to the patient and service is infinitely less. With regard to secondary symptoms, I am inclined to think that five out of eighty-one is a smaller proportion than would have followed full mercurial courses in them all, or perhaps would succeed to such a liberal use of mercury in any equal number of persons, as happened to some of the secondary cases of the Hussar and Sparrow-hawk. As in all the others, from eighteen months to two years have on an average elapsed since their cure, I see little reason to apprehend the development of any sequelæ, considering also, that in the five cases in which secondary symptoms have occurred, the average time subsequent to the primary disease was only four months and a half."

FILARIA MEDINENSIS.—The last article consists of extracts from a correspondence on the *Filaria medinensis* between some of the medical officers in the honourable East

India Company's service at Bombay, and a letter from Dr. R. Grant, professor of comparative anatomy in the University of London. The nature of the correspondence may be expressed in a few words. In order to amuse themselves while under the influence of the dog-star, the East India officers debated the question, whether the substance protruded in cases of dracunculæ is an individual animal, or a dead portion of lymphatic vessels. Party raged so high on this vital affair, that a box containing specimens was sent to Edinburgh for investigation, with copies of all the arguments *pro* and *con*. The matter has been referred to Dr. Grant, who has ascertained the substance to be a living *Filaria medinensis*.

ST. THOMAS'S HOSPITAL.
CLINICAL LECTURE
DELIVERED BY
DR. ELLIOTSON,
Feb. 7, 1831.
CANCER OF THE UTERUS.
I HAVE to show you, Gentlemen, this morning, a horrid specimen of cancer of the womb. [Here the lecturer exhibited the womb and adjacent parts in a dreadfully diseased state.] You observe here the uterus. The body of the womb you observe is very little enlarged, but exceedingly hardened, quite of scirrhous hardness, and the neck is nearly consumed by ulceration; the os uteri is perfectly destroyed. The induration is greatest at that part which is nearest the ulcerated portion; and as you ascend towards the fundus, the induration is less, till at last the structure is comparatively healthy, but still, more compact than it ought to be. This is the urinary bladder, which has been cut into. The disease had not ulcerated into that organ, nor into the rectum. Here is the bladder; and here the rectum, which also you observe, is entire, excepting at one minute part, where the coats are exceedingly thin, and there is now a small aperture; but I rather think this has been made after death, in withdrawing the part from the pelvis. You see that on the other side the ulceration has penetrated so as to thin the parts very much, but whether the aperture took place during life or not, I will not pretend to say. However, if the

patient had lived a week longer, there certainly would have been an aperture into the rectum. The bladder appears thickened, but there is no ulceration of it. The vagina is more or less implicated. The discharge was of the most fetid description; it was hardly supportable to those standing near the woman, when the bed-clothes were turned up. This case follows the general law of those parts of cavities which are nearest to their opening, being the most liable to disease. The larynx is particularly liable to disease; the cardia, the pylorus, the ileum just where it enters the cecum, and again the rectum, are all far more liable to structural disease than any other parts of the alimentary canal. With respect to the uterus, you see here that the fundus is comparatively healthy; the nearer you approach the neck, and, still more, the nearer you approach the situation of the ovaries, the greater is the havoc. This is the front of the uterus; here is the vagina. You observe that, externally, adhesions have taken place. The fallopian tubes are adherent to the uterus in about half their length, and all the surrounding parts are more or less in a state of adhesion to that organ similar to what is observed in phthisis. Whenever there is a large collection of tubercular substance deposited in the substance of the lung near its surface, the corresponding spot of the surface is almost always found adherent to the costal pleura. Nature's view in this, as a general rule, is, clearly, to prevent mischief as much as possible. As ulceration goes on within, the adhesions without, prevent the ulceration of the organ from coming into connection, and forming a communication with the cavity of the peritoneum, of the pleura, or whatever else. I shall now cut into the fallopian tube of the left side, and you will see that it is labouring under the same scirrhous affection precisely as the womb itself. Here is the fallopian tube opened, and you observe scirrhous deposit even here. It is all thickened together, in a state of great induration and some enlargement. Here are two patches of circumscribed hardness, which are beginning to soften in their centre. This is a very good specimen of the course of scirrhus. Scirrhus, hard as it may be at first, after a time softens down; when softened, the substance is sometimes called *encephaloid* substance. It is said by some to soften down into an *encephaloid* mass. But that is inaccurate. There is no appearance of that brain-like matter which you see in the pericardial disease called *encephaloid* affection. There is, frequently, in these cases, a deposit of black matter—a degree of melanosis; and here, accordingly, is a collection

of black matter; it is rather extensive, and quite black. You sometimes find, in various parts of the body, scirrhus, *encephaloid*, melanosis. The last is now generally considered to be an innocent disease; to do no harm, except as far as the bulk of the black deposit may produce mechanical inconvenience; but though of itself it is not malignant, it, like others in themselves malignant, may be united with malignant diseases. Here is a large encysted tumour filled with fluid, or a large collection of fluid, at the side of the womb, giving an appearance of what was formerly called an hydatid, though the term hydatid should be restricted to those formations which consist of vesicular animals, and should not be applied to mere encysted tumours. The one looks exactly like what is called a wind egg, an egg without a shell—merely membranous without any calcareous deposit. Here is another scirrhous tumour excessively hard, indurated like cartilage. All around by the side of the womb you see that the more external part of the section is of a light-grey colour, while the more central is of a yellow colour, and between the two you observe it is red—of an excessively vascular appearance. This is a very beautiful appearance of disease. The tumour which I have now shown you might be taken for an ovary, but I never saw an ovary, when cut into, present that appearance. Here is the ovary itself at the exterior of the fallopian tube, which I have cut open, and it is in a state of ulceration. You observe something like the granular vesicular character which we see in ovaries. It is undoubtedly that organ, but adherent to the neighbouring parts. The fallopian tubes, the uterus, and the ovaries, are all grown together. It is very common to find in the ovaries a black mass such as you see here. On the other side of the womb you notice, corresponding to the part I have shown you, another mass of scirrhus, which is white without, but within the whitened part it is excessively red, and there is also a dark colour in some parts. It is in the progress of softening-down towards the centre, but is still tough. At the moment of cutting into it, it was excessively offensive. This mass, I presume, is merely a very great deposit in the left side of the womb, projecting and forming a globe. There is a great part of the cavity of the womb left, but you notice a substance exceedingly hard as one spot, forming a tubercle. You observe that the uterus is not much increased in size, but it has become very irregular; that is to say, it has bosses here and there, according to the degree of change or new deposit; it has become irregular in shape in various parts. This specimen

illustrates also the fact, that when organic disease advances, it is not confined to one structure. Here is the mucous membrane in a state of rapid ulceration, and here is the substance of the womb itself, and here the peritoneum is in a state of considerable hypertrophy, is a scirrhous state; in fact, this which is external is the peritoneum falls into a state of great hypertrophy, enlargement, and induration. From the obstruction that takes place at the termination of the uterine in the bladder, you will very frequently find the pelvis of the kidney enlarged, and very frequently even the infundibula too. You remark that one of these kidneys has a large cavity formed in it, and this is solely by the accumulation of the urine. Here is the pelvis of the kidney not much enlarged, but here is one of the infundibula of very great size. Frequently, as the termination of the ureters in the bladder becomes diseased,—becomes scirrhous, and the peritoneum and cellular membrane all around are indurated, the urine does not readily enter the bladder. The consequence is, an accumulation of urine all the way up the ureters, in the pelvis and infundibula, so that the whole kidney is sometimes almost reduced to a bag. The other kidney I will now open. You perceive that its pelvis is larger than that of the other, and the infundibula also are dilated. This kidney would soon have become a complete bag, instead of being a pretty solid organ, as it is naturally.

In scirrhus, I believe there is in general both a *transformation* and a *new formation*. I believe that the structures are changed into other structures, and that a new kind of substance is deposited among them. In this disease, parts which are naturally soft become cartilaginous, particularly the cellular membrane. There is a transformation to a sort of cartiliginous substance; but besides that, a new substance appears to be deposited within the fibres of this cartilage, and extends a very deep, great irritation of the constitution takes place, and an intolerably fetid discharge; elongating occurs, and the neighbouring lymphatic glands generally become contaminated. Here is a mass of glands taken off the spine. You see that they are enlarged, are almost scirrhous. If the patient had lived, these glands would have gone through the same process as the uterus itself, softening down and ulcerating. This particular disease generally attacks parts originally which are not necessary to life, and especially parts the functions of which have been interrupted, or have never been performed, or parts that have been injured.

Scirrhus is generally at first of a light grey colour, and semi-transparent if cut into thin slices. I have now cut a thin slice of it and you perceive its translucency. You may consider the exterior of this specimen as exemplifying what scirrhus is, in colour at the beginning a little greyish, and when cut thin, rather transparent.

You will observe in scirrhus two parts, a fibrous, and a softer inorganic substance; but the fibrous structure forms the chief part. In this part of the womb which has not

become ulcerated, you observe this fibrous structure, and really it here to the eye cuts like a turnip. The part I now point out, is in the first stage of the disease, and here is another which is becoming very scirrhous, where the hard white fibres are more numerous and bulky, and the fibrous substance, as I just said, is the chief part. Here you observe a number of the fibres running in various directions forming septa. These are opaque, and whiter than the rest of the substance. The septa thus produced occasion it to cut like a turnip, and run in all directions, now and then forming cells.

The proportion of the fibrous structure to that which is deposited within the septa is very various in different instances; and according to its distribution and proportion you have the various appearances of these scirrhous tumours; some look like the breast, and are called mammary; some like the pancreas, and are called pancreatic; some like tubercles—not scrofulous tubercles, but granules and tubers, and then they are called, though with some confusion of terms, tubercular. After a time, the less hard substance deposited within the septa, between the fibres, softens down into something like jelly, sometimes like syrup or gum; and this change is always first observed in the centre, which originally was the hardest part. When the parts ulcerate, then the disease is called cancer. Supuration of the surrounding cellular membrane takes place; the edges of the ulcerated part are erected and elevated, and sometimes cauliflower excrescences grow from the centre of the ulceration, and as this extends a very deep, great irritation of the constitution takes place, and an intolerably fetid discharge; elongating occurs, and the neighbouring lymphatic glands generally become contaminated. Here is a mass of glands taken off the spine. You see that they are enlarged, are almost scirrhous. If the patient had lived, these glands would have gone through the same process as the uterus itself, softening down and ulcerating. This particular disease generally attacks parts originally which are not necessary to life, and especially parts the functions of which have been interrupted, or have never been performed, or parts that have been injured.

It attacks the breast, the uterus, the ovaries, the testes, and the thyroid gland chiefly. The four first of these are parts which are not necessary to life, but are possessed by individuals for the sake of another race to succeed them. Life would go on just as well without them, as healthily, though not you will perhaps say, so merrily and so happily. (Laughter.) However, other parts, which are for the individual himself and some of which are important to life, become affected secondarily, the liver, the lungs, the

spleen, if one can say it is necessary to life—the pancreas, if it too is necessary to life, the brain and its membranes, the ovum, the mesentery, the medullary mass of the bones, and even the skin, that is to say, although parts which are decidedly not necessary to life, or so much for the individual himself, are those of least originally affected, yet the disease will spread to other parts intended for the individual himself, and even to parts most important to the system.

You are perhaps aware that it affects the bones; that persons who have cancer have sometimes their bones softened, friable, and broken. Women who have had cancerous breasts have broken their legs in bed, and on inspecting the parts, a bloody mass has been found in the medullary cavity and the cancelli, and the surrounding parts all blended together, the muscles blended with the bone and cartilages, and a morbid mass produced, in which spicula of bone are occasionally found. You will find cases of this kind mentioned by Mr. Salter, a surgeon, in the 15th volume of the Med. Chirurg. Trans. There are specimens of this sort in the Museum of this hospital which I ought to have ordered in, but it escaped my recollection before lecture that we had any.

This disease is generally attended with great pain, pain of a sharp stabbing character. It seldom occurs before the middle period of life. It must be a very extraordinary thing to see it in a child. Now and then I certainly have seen it in young persons, but as a general rule it does not occur before the middle period of life, and then it will sometimes remain inert for many years. In other persons, however, it soon augments and softens, and irritation, suppuration, ulceration, and sloughing, take place. Besides its remaining occasionally inert for many years, nature will sometimes effect a cure; the diseased part will completely slough out, be turned out, and the individual get well; but this is a rare occurrence.

When the irritation has become very great, the patient in this, as in other malignant diseases, acquires a particular straw-coloured hue, and this state of the body has been called the cancerous cachexia. It is not the paleness you see in cases of excessive loss of blood or enlarged spleen, but it is a particular straw-colour look; it is not like the appearance in scurvy, that is a dirty straw-colour; it is a clear straw-colour, a pale yellow hue, a sallowness which is very characteristic, and which is considered as indicative of cancerous or malignant cachexia.

Now the patient from whom this mass of disease was taken, was admitted into the hospital about two months before her death.

Her name was A. M.—, she was 47 years of age, and had had the complaint two years. She said she had laboured under excessive menorrhagia during the whole of this time, till the last four weeks, since which a green water only had come away; but till the last four weeks she had had excessive and constant discharge of a bloody fluid. She also complained of stranguary, continually desiring to make water, and voiding it with very great pain. She always had a bearing-down forwards, and it would have been extraordinary if she had not, when you consider the proximity of the bladder to the parts affected. The pain which she experienced was constant and severe—in the hypogastric region, in the region of the womb, and likewise across the upper part of the thighs. There is almost always an extension of the pain to the hips, and frequently down the thighs. In the uterus there was not only a constant sharp pain, but a throbbing and pricking; and she said that in every respect her sufferings were like those of labour, only that she had little pain in her loins. I heard from her, that at the time of her admission she had a discharge of clear water from the uterus, particularly in the morning; and that during the menorrhagia she had always felt pain in the left breast, shooting down to the pelvis, and showing the sympathy between the two organs. I need not say that, having been ill for two years, she was exceedingly weak, and confined to her bed. She never got out of it here I believe, at least I never saw her out of it after her admission. She had oedema of the legs, and, after death, oedema of the hands was observed. On examination per vaginam as soon as she came in, I found the neck of the uterus extremely hard, as hard as any cartilage, and immovable. It was impossible to make the great impression on the substance with the fingers, or produce the least movement. There was one hard solid mass stuck in the cervix. You see now that that must have been the case from the extreme adhesions of the organ to all the surrounding parts, and on looking into the pelvis, at the autopsy, the solidification had extended on each side of the uterus and broad ligaments, so that there was one solid mass in the centre of the pelvis, joined to the parts immediately adherent to the bones. The os uteri was very irregular. At the examination I made during life, ulceration had begun, and on withdrawing my fingers, I found them covered with blood. This is what is commonly found in the advanced stage of scirrhus of the womb—the os uteri rugged, the neck of the womb excessively hard, and on withdrawing your fingers, they prove bloody. The examination gave her great pain, whenever the os uteri was touched.

This case was perfectly incurable. The patient was at the period of life I have already mentioned, namely, 47. She illustrated the age at which concupiscent affections usually take place; and she illustrated the other fact I have already alluded to,—that the disease most frequently occurs in parts that are not necessary to life, and which have done their office in the economy. She had been ill two years, and was 47 years of age, and 45 is about the time at which women in this country cease to menstruate, and ought, one would think, to give over employing their generative organs (11). However, she did not illustrate another fact; that is to say, she had had plenty of children; and therefore did not illustrate the fact, that parts indisposed to perform their functions are the most liable to the disease. Certainly the disease occurs more frequently in women not married, or if married, in those who have had no children; but still the organ in this case had become inert, had furnished its share of function, when it fell into disuse. I understand too, though I do not know that that had any thing to do with it (at the same time it might be well if all women thought it bad), that she was a great gin-drinker—never drunk, but always bibbing.

It was impossible to think of curing the disease, or even of lessening it; and as to the extripation of the uterus, there was such a solid mass fixed in the pelvis, that extripation would have been impossible. If extripation had been possible and resorted to, you see some portion of the disease must have been left; for all the surrounding parts were in a state of scirrhus, as well as the womb itself; the fallopian tubes, ovaries, and the broad ligaments, were all scirrhous together. She was admitted on the 2nd of December, gradually sunk, and died on the 51st of January.

Although, however, no good could be done in the way of curing the disease, she was made exceedingly comfortable, and spent the time she passed in the hospital in the greatest degree of tranquillity. I gave her immediately two grains of opium every night, and that entirely lulled the pain, so that from having suffered dreadfully—having been sleepless generally every night, and writhing in agony, she passed her nights with very great comfort, and lay without complaining all the time she was here. I allowed her a pint of porter daily, and the house diet. When the opium appeared to begin rather to lose its effects, at the end of three weeks I allowed her three grains every night, and that proved quite sufficient; she never took more. I understood that her bowels were regularly open, and when I asked her how she was, she always replied, “Very comfortable indeed.” It is

certainly a great satisfaction that when, you cannot save life, you still can mitigate suffering, and I do not know whether it is not upon the whole more important, a greater blessing, to make life happy while it lasts, and to remove suffering, than to save life. She was brought into a state of comparative freedom from pain, and certainly one of the greatest delights is freedom from pain after suffering severely. She sank very gradually and died free from pain. One of the great ends of our profession is to effect an *evanescentia*.

With respect to the power of opium, I may mention that Sydenham used opium abundantly, perhaps too abundantly, not only to relieve suffering in many cases, but as a curative means; and he had so high an opinion of it, that he used to say it was one of the greatest blessings bestowed upon us, and that without it medicines would be almost nothing. *She did mention six or seven medicines, I think are his expressions. I would remark that common opium with me answers all purposes so well that I very rarely think of giving acetate of morphine, black-drop, and other peculiar preparations of it. I have used them all, and I will not deny that now and then a patient may be so peculiar as to have one of them agree with him better than common opium. But I am certain that this is not so very common a thing, and there is a great deal of fancy and caprice and habit among those who employ such preparations, some actually fall into such a habit as always to prescribe one of them. I can only say that in my practice common opium almost always answers every purpose that I see answered by them; and it would be well if all our medicines were of as uniform a strength as common opium and its tincture.*

With respect to the factor of the discharge, this poor woman employed a solution of the *chloride of lime* to the vagina. This, or some other chloride, is an article that ought never to be omitted, I think, when there is a discharge of an offensive nature from a patient. If applied assiduously and constantly, it takes away the smell entirely; and I generally direct it to be applied not only to the source of the discharge, and to the discharge itself, but to be sprinkled around the bed of the patient, so as to destroy as much as possible the fœtus altogether. I do not think that the chlorides are yet by any means employed to the extent they deserve. If they were used in dissecting-rooms, and where any contagion or any effluvia, vegetable or animal, exists, I am satisfied that much disease would be prevented—innumerable cases of disease that arise solely from one emanation or another. The destruction of offensive smells is comparatively a trifle, important as it is, and some

think the smell of the chlorides so disagreeable, that they like it as little as an original stench. But we should remember that chloride is innocent, while the emanation that stinks is generally deleterious. You cannot do better than read the translation of Labarraque's work on the chlorides by my friend Mr. Alcock, who has added facts to those of the work itself.

You might have imagined that the opium would cause constipation. Yet, though a small dose constipates when given occasionally, if people take it frequently and in large quantities, it has often no constipating power at all—I do not say always, but very often.

You are aware that the uterus is subject to another disease, called the *malignant ulcer* of the womb. This occurs, I believe, more particularly in the same circumstances as scirrhus and cancer of the womb. It begins, like scirrhus, in the neck, or, indeed, some say, in the os uteri itself; but the uterus is not indurated around, there is merely a dreadful ulceration. Frequently the patient complains of very little pain, and if you press upon the part you do not produce any agony, sometimes hardly any pain at all. When you examine a woman with scirrhus of the womb, you find extreme hardness, and that she complains of excruciating pain; but in malignant ulceration of the womb there is no induration, and if you press the parts, the patient merely complains of a little smarting. I believe there is no new deposit. It was known to Dr. William Hunter, and, consequently, you will find it well described by Dr. Baillie; yet it is singular that, though he speaks of scirrhus, he never speaks of *ulcerated* scirrhus of the womb, or open cancer of it, at least in the edition that I have. All he says is, that “ulceration is sometimes discovered upon the internal surface, but I believe it is generally wanting.” The omission is hardly to be accounted for. This is the view of what is called malignant ulceration of the womb by Dr. Baillie, and which was mentioned by Dr. William Hunter in his lectures. (*Showing the drawing.*) Here is the neck of the uterus. The body of the womb is not affected, but sometimes it is slightly enlarged. Both malignant ulcer and cancer may extend to the rectum and to the bladder. Sometimes the cavities are all thrown into one, and then the suffering is horrid.

You are also to remember, that the uterus is subject to a hard deposit; sometimes in large quantity, without any danger whatever. Tubercles are produced in the organ, sometimes in the substance, sometimes under the peritoneum, sometimes under the inner coat, and sometimes hanging into the uterus; at least Dr.

719
PALSY OF THE WRISTS.

Baillie said he once found a large mass of this texture within the uterus and scarcely attached. These are exceedingly hard, fibrous, and white. They consist of small collections of fibres heaped up into little balls, and you may distinguish them from one another. Sometimes the uterus is so enlarged with them, that it may be felt above the pubes, which is not the case in true scirrhus, and these do no harm whatever, except the inconvenience that may result from their size and pressure. I think some one says, who has made the subject a matter of inquiry, that in examining the bodies of about 100 women, from 45 and 50 years of age, deposits of this kind were found in no fewer than twenty. They remain inert during the rest of life, and produce injury only by their bulk, by compressing the neighbouring parts. These are called by Dr. Clarke the *fleshy tubercle*; but that, perhaps, is an improper expression, if fleshy means muscular. Yet we must remember, that our established word sarcoma is derived from *σῆξ*, flesh, and that an abdominal *gland* is called *pancreas* from *παρ*, near, flesh.

Besides this patient, gentlemen, no other has died since I had the pleasure of seeing you, but five have been presented: one case of *acute rheumatism*, which was rather obstinate, but yielded at last to perseverance in local bleeding and mercury; a case of continued *fever*, which yielded to the same treatment; and a case of

PALSY OF THE WRISTS FROM LEAD.

Which yielded exactly as the other case did about which I spoke, in the beginning of the season, as illustrating the great use of *electricity*. We have here a good many patients labouring under palsy of the wrists, on account of the white lead manufactories in the neighbourhood, and the number of painters in the metropolis, but particularly the former. You know that the parts affected drop, and the person cannot extend his hand, fingers, or thumb; and they are entirely useless, if it is severe. I have tried a great many things, and certainly nothing has answered so well internally as *strychnine*, and externally as *electricity*. The other man was cured rapidly by electricity; this man was cured also by electricity. The cure here was much too rapid for one to ascribe it to the patient's removal from his ordinary poisonous business, to the restorative powers of nature, or to any thing but the electricity. The electricity was latterly given in sparks, but originally in shocks. As the man used to assist when others were electrified, one of his hands had a far greater share of electricity than the other, and was recovering much faster; for that, besides the shocks it received in common with the other, had thus also an abundance of

PROLAPSED VAGINA.—AIDING AT DUELS.

sparks. The man finding this hand recover so much faster than the other, ascribed the greater benefit, not to the greater dose of electricity, but to the sparks. He requested that both hands might now have shocks no longer, but sparks; and as there could be no harm in indulging him in his predilection for sparks, I ordered him no longer shocks, but sparks, and he continued to amend, and more rapidly, as he thought, under the sparks than before; however that might be, he went out nearly well. He did not wish to stay here any longer, being satisfied that he was recovered sufficiently to go to work. He could extend his hand, fingers, and thumbs, and grasp very firmly, so that he felt he could now gain his living again. I am glad to say he found some other occupation, and did not return to the poison.

Dr. Pemberton, in his work on diseases of the abdominal viscera, when speaking of colic, takes occasion to speak of play of the wrist from lead, the same poison which frequently produces colic, and he recommends the hand to be extended on splints. For many years, at his recommendation, I caused the hand to be thus extended, but I cannot say I have had reason to think the practice did good. Friction, with various stimulating substances, and placing the wrist and hand in hot water (as hot as it can be borne) is very good, but certainly no stimulant is equal to electricity or galvanism: we employ common electricity here. Electricity goes much deeper than any liniment. If you use any liniment, of course the stimulus is applied merely to the surface, though undoubtedly the friction, and perhaps external heat, may affect the parts within. It is the parts within that you wish particularly to be affected, and electricity will penetrate to the inmost parts; you may send it where you like; it is very natural, therefore, to suppose it much more powerful than any external application. The electricity was applied from the elbow downwards, all over the forearm, wrist, hand, and fingers.

There is another patient now in the hospital with the same disease, who is likewise improving very much under the same treatment.

PROLAPSE OF THE VAGINA.

There was a woman presented with prolapsus of the vagina; she was said to have some horrid disease or other of the womb, but on examination I found it was nothing more than prolapsus of the upper part of the vagina. That part appeared so relaxed above, that on making the least effort it descended, and formed a large globular tumour at the upper part, forcing its way downwards and forwards, and the uterus descended a little with it. The disease appeared to be merely

an extreme relaxation of the upper and anterior part of the vagina. Upon giving her a pessary she was able to go home.

The patients admitted last week were ten; three females, with hysteria, bronchitis, and gastritis; seven males, with bronchitis, chronic dysentery, chronic peritonitis, neuritis, palsy of the wrists from lead, and two of secondary syphilis.

PROFESSIONAL ATTENDANCE AT DUELS.

To the Editor of THE LANCET.

SIR,—You will, perhaps, allow me to inform your readers, that the late Mr. Heavyside was the surgeon alluded to by Mr. Justice Bayley, as having been at the bar of the Old Bailey for attendance at a duel. The facts of the case were these:—Two gentlemen, named Montgomery and McNamara, upon a very trifling occasion, quarrelled, and engaged with inveterate animosity in a duel; they were both known to be excellent shots, and were determined to do business. They went to the field attended by their seconds and surgeons. When all preliminaries were adjusted, the principals fired together; Montgomery fell dead, and McNamara was unhurt.

The survivor, seconds, surgeons, &c., were apprehended and taken to Bow Street. McNamara was committed to Newgate to be tried for the murder. Heavyside was strongly reproved by the magistrate for being present upon such an occasion; he answered in a very grand style, justified his conduct, asserted his right to exercise his profession whenever and wherever he was called upon to do so, and avowed his determination to attend upon any similar business, if, in future, he were called upon.

"If that be the case, sir," the presiding magistrate (I think it was Bond) said, "I must teach you to understand the law better, and immediately committed him to Newgate to be tried as an accessory before the fact. McNamara was tried for the murder and acquitted. Heavyside was likewise acquitted and liberated. I conversed with him a few days after he was liberated; between ourselves he still insisted upon his right to attend upon duels when he was called upon to do so, but avowed his determination to be very careful how he exercised that right in future.

I am yours, &c.,
T. SHELDON.

No. 73, Upper Berkeley Street,
Portman Square.

DR. THOMSON'S LECTURE.

781

THE LANCET.

London, Saturday, Feb. 26, 1831.

WHEN we were so unpollite and indifferent last week as to retire from the commanding eloquence and forcible arguments of Dr. ANTHONY TODD THOMSON, *half*-professor of medical jurisprudence in the University of London, the "grateful" admirer of the worshipful sage was enforcing the expediency of "*expertness*," and the necessity of the powers of prophecy in medical witnesses. His words were these:—"He is presumed to be an *expert* witness; to *foresee* the consequences of his answers; to have some idea *beforehand* of the nature of the questions which he will be required to answer, and to prepare himself accordingly." Further; the witness was required to "know as much of the *line of evidence* as would enable him to *penetrate the intentions* of counsel to mislead him." It certainly were to be wished that medical evidence were on all occasions unexceptionable. Counsel, however, are allowed such vast latitude in cross-examination, and medical facts and theories are so innumerable, that that querist must, indeed, be a dull-headed fellow who could not puzzle, or apparently confound, the most learned and philosophical member of our profession. When the doctor talks of a witness "*foreseeing* the consequences of his answers, of *penetrating* the intentions of counsel, and of having some idea *beforehand* of the questions he will be required to answer," he reminds us of a proposition made in this metropolis by a celebrated jurist in an annual oration. It was nothing more nor less than this;—That medical witnesses, that is those for plaintiffs and defendants, should meet before going into court, and agree "*beforehand* upon the evidence they should give." This practice, it was stated, would save the profession from much reproach and sarcasm, and shield it

from those lamentable exposures of incompetency which are so frequently presented to the public in our courts of law. The scheme was loudly cheered by, we suspect, the THOMSONIAN portion of the auditory, and the exhibition passed off with the greatest eclat. On a subsequent occasion, having met the learned lecturer in company, he said, "Well; what think you of my plan for deciding upon evidence before going into court? Is it not a settler for the brow-beating counsel, a regular hit; a knock-down by —?"—"As part of a plan," we replied, "it is probably unexceptionable. A point, however, of some importance is requisite to make the thing complete. You must agree also upon the *questions* to be propounded by counsel in their *cross-examinations*." This seemed, too, almost a "settler," for the querist concluded the conversation on the subject by exclaiming,—"*My stars!* this did not occur to me, we never thought of *that*." So it happens, we believe, with Professor THOMSON. It never occurred to his vivacious understanding that gentlemen less gifted than himself would never be enabled to "*penetrate the intentions of counsel*," or to "*foresee the consequences of answers*." We fear it must be confessed, that if the failures in the witness-box are equal to the failure of Dr. Thomson in this lecture of his, the profession is in but a sorry plight. It is really surprising, that a man possessing ten grains of common sense, should have omitted to perceive that he was inducing some of the vilest trash ever ushered into public notice, even in the *imposing* form of an "introductory" lecture.

Here we had reached the bottom of a page (would it had been the last!), when we hoped to be relieved for a moment from the further inspection of this most sickening professorial twaddle. Alas! disappointment is our lot, for at the conclusion of the very next sentence, one which relates to the duty of medical witnesses in cases of lunacy, our authorities, "Without some acquaintance with

No. 391.

3 A

the legal *object* of the inquiry, the evidence of the medical practitioner will not only be defective, but he will scarcely be able to understand the questions that he may be asked." Thus again intimating, that the *attention* of the witness should be abstracted from the immediate and obvious reply to the question, by contemplating the *objects* for which the legal inquiry had been instituted or to the *consequences* which might result from the investigation. The cases put by the doctor in illustration of the position are these:—"Lunacy, whether it be *that* lunacy which exempts from criminal responsibility, or that which incapacitates an individual from the management of his own affairs." Now then, doctor, let us place you in the witness-box, in each of these cases, and in replying to our questions, we beg of you to "penetrate" the intentions of counsel, and at the same time to devote particular attention to the *objects* of the inquiry.

First Case.

The KING *versus* STURDY PRESS.

The prisoner was charged with the *wilful murder* of ABERDEEN DUB. The case for the prosecution having closed, DR. THOMSON was called for the *prisoner*.

QUESTION.—Is the prisoner capable of managing his own affairs?

WITNESS.—Yes.

QUES.—Does he know right from wrong? Is he, do you think, a responsible being?

WIT.—No.

Now reverse the inquiry, the *object* being to prove *incapacity* merely.

QUES.—Is STURDY PRESS a responsible being? Does he know right from wrong?

WIT.—Yes.

QUES.—Is he capable of managing his own affairs?

WIT.—No.

To say nothing more, it is to be hoped that the mere fancied absurdity of a position like this, will be sufficient to deter the doctor from hazarding a repetition of such monstrous arguments, though it were idle to ex-

pect much in the way of rationality from him if he continue in the state of mind which possessed him when he penned this lecture. Look here, reader:—"In addressing the *law-student* and the young *barrister*, I would press upon *him* the opinion, that without some knowledge of medical science he cannot do justice to his client; (he might in a few cases we should think;) by possessing it (some knowledge), he will be enabled to *probe* the skill of medical witnesses (probe the skill!) to unmask ignorance (query after our present fashion?) to ascertain what ought to be stated (that is, the evidence which would suit his side of the question), to detect false representations, and," gentle reader, what further think you?—"TO SUPPLY NEGLECT, OR CORRECT OMISSIONS, AND THUS FULLY TO ELICIT TRUTH." This is an original idea; it is, at the same time, an original operation, and, by the way, not a little curious one. The counsel, poor wight, is to "elicit truth," by "supplying neglect." Passing over about half a dozen lines, we come to a passage occupying upwards of two pages. It commences thus:—"The chief qualification of the medical man, when placed in the witness-box, *independent* of professional attainments, is a sacred love of truth, a determination to sacrifice for it every opinion, theory, or hypothesis, and to admit nothing as *proof*, as I have already stated, which is not capable of *demonstration*." The doctor goes a little too far here; nevertheless the language indicates correct feeling, and a considerable share of sound sense. The points, however, were too obvious to be neglected or obscured. "Another qualification of great importance is *patience*." And now let us see how the other parts of this paragraph will square with the *sensible* introductory passage just quoted. "A third qualification is *secrecy*; for without the power of keeping a secret, the medical witness may inflict, unintentionally, the utmost misery upon individuals." The lover of

truth, we suspect, when in the witness-box, must find the office of "secret keeper" rather a disagreeable one.

But now for the climax :—

"I have heard it stated that an eminent barrister obtained the acquittal of a murderer, who, previously to trial, had acknowledged to him his guilt. The acquittal arose from his address in the cross-examination of the medical witness. This gentleman, the witness who at first gave such a clear and distinct testimony as would have convicted the prisoner, was rendered afterwards so confused by impatience and dread under his cross-examination, as to lose the power of COMPARING one part of his testimony with another; which was thus so much weakened, as to render it of no value in the summing up of the judge, and in determining the verdict of the jury."

Lost the power of comparing! Is evidence to be guided by first impressions, or first statements! Comparing? Why, is it not the duty of the witness to give distinct and true answers to all questions, without reference to what might have been said previously, either by mistake or by others!

"Comparing" what? If a witness, in his examination in chief, were to swear that arsenic was the only poison which could destroy the mucous membrane of the stomach, would the doctor have him continue to swear the same thing in his cross-examination, and after he had discovered his error, merely because his first and last testimony should harmonise in "comparison?"

Such is the conclusion of the paragraph which commented so favourably. The practice inculcated by this language, is opposed to every principle of justice, of propriety, and of truth, and if pursued would bring upon our profession the just and lasting reproaches of every honest and intelligent man. Dr. Thomson ought to know, that this system of comparing words with words, of rendering the answer in cross-examination suitable to the answers in the

examination in chief, is the peculiar trade of perjured scoundrels, of men who lend themselves out to the hire of rascally attorneys to swear any-thing which they may be instructed to swear; and that villain is deemed the most "expert" who may be gifted with the best memory.

From these "important qualifications" of witnesses, we turn to a point of pathology, in which we had certainly some reason to expect that the doctor would prove more *au fait* at his subject.

"It is true," he remarks, "that the appearances in certain cases of poisoning cannot be mistaken; as for instance, the pulpy state of the stomach when oxalic acid has been swallowed; and the dissolution of the mucous, nervous, and muscular coats, whilst the peritoneum remains little affected when arsenic is the poison, leave no room for doubt."

This is a most extraordinary passage, and it seems to prove that the doctor is not much better qualified to treat this part of his course of lectures, than he is any other of those branches which we have already considered. In truth, there is something appalling in the carelessness, the extreme inaccuracy which are so exhibited in the language now before us. "The pulpy state of the stomach when oxalic acid has been swallowed!" This would lead the pupil to infer without any qualification whatever, first, that a pulpy state of this organ is *proof* that oxalic acid has been swallowed; and, secondly, that when this poison has been taken, the fact is proved by a pulpy state of the stomach; whereas, this condition of the organ may exist without being caused by the contact of oxalic acid, and oxalic acid may destroy, and does destroy, without producing the effect which the doctor has described. Again; what is his language in relation to the action of arsenic? "The dissolution of the stomach," he says, "leave no room for doubt." Now the cause may be discredited independently of the influence of ar-

menical action upon the stomach, and, further, arsenic may kill without destroying even the *mucous* coat. Hence we are led to infer that the doctor has nearly as much to learn in this department of pathology as his pupils, who are to take to the old hags "a course of medical jurisprudence," as a "qualification" for their "license." We shall, therefore, bid adieu to the doctor, in order that he may pursue his studies undisturbed by a more lengthened criticism on his first unfortunate performance in the "half-chair" of medical jurisprudence.

JOHN LONG, quack, and felon, has been tried at the Old Bailey, on a charge of having killed Mrs. COLIN CAMPBELL LLOYD, and—hear it, ye powers! he has been acquitted? The evidence on the part of the prosecution was similar to that which was adduced at the coroner's inquest. As this was reported at the time in *THE LANCET*, it would only be a waste of time and space for us to give a repetition of it here. We cannot, however, refrain from directing attention to a reply given by the *chief* medical witness:—

"Mr. JUSTICE BAILEY. 'Would a man of common prudence or common judgment have used an application likely to have produced such fatal consequences?'

"Mr. VANCE, *surgeon*. 'I think not.'

"Question repeated.

"Mr. VANCE again. 'I THINK not!'"

Let those who are anxious to condemn the judge and jury, reflect for a moment upon what must have been the *effect* produced by this evidence—evidence delivered by the chief medical witness for the prosecution—upon the feelings and mind of the Court. Its prisoners are always entitled, and more especially in criminal cases, to the benefit of a *doubt*, if any be entertained, upon the question of their guilt, and we know not how any jury, coupling this *thinking* testimony of Mr. VANCE, with the astounding facts in

proof of the prisoner's "ability," sworn to by the members of the "*singe-ing club*," could have omitted to return a verdict of "Not guilty." Mark. We do not condemn Mr. VANCE for not having tendered more positive testimony against LONG, but we do condemn him, and severely too, for having given such an answer to a plain, straightforward, question.

JUDGE. Would a man of common prudence or common judgment have used an application LIKELY* to produce such *dangerous* and *fatal* consequences?

WITNESS. I THINK not.

JUDGE. Gentlemen, it is a *doubtful* case, you see.

JURY. "Not guilty."

After the first step, nothing could have been more natural, more straightforward, than the second and third; for, be it remembered, that the "*such dangerous* and *fatal consequences*" to which Mr. Justice BAILEY referred, had just been proved by Mr. VANCE HIMSELF, and were as follows:—An *ulcer* from one arm-pit to the other—mortification—the breast-bone laid bare—the wound extending *seventeen inches* in length, and *eleven* in breadth,—and *death*. "Would a man of common prudence use an application LIKELY to produce such effects?" "I THINK not."

It is unnecessary to say more. Mr. VANCE, we dare swear, believes that he discharged his duty admirably, and so think the jury. We shall not say that the persons who profess to have been cured by LONG, came forward to swear falsely, or that LONG himself is an impostor, a doubly-stained slaughterer, and ought to have been transported for life. Thus much, however, we must declare, that if there be deception, the public mind ought to be disabused, and if the clamorous adherents of LONG be sincere in their belief of his "*profound skill*," their sincerity ought to be established, and LONG's abilities acknowledged. We have proved on more than

* This is the point.

one occasion, that it is the better plan to meet men of great pretensions upon their own ground, and we have learned by experience, that where the mind has been deceived by first impressions made upon particular senses; it is only by counteracting impressions made upon the *same* senses that the mind can be undeceived. The fate of Monsieur CHABERT, of prussic acid notoriety, must be fresh in the recollection of the majority of our readers. Now we have a very simple proposition to make to JOHN LONG and his titled "admirers." The latter have sworn that his "lotion," when rubbed upon skin which covers a *diseased* part, will immediately produce a *discharge* from that skin. That the "*same* lotion," when rubbed with equal force upon skin covering *sound* parts,* will produce no sore, discharge, inflammation, or mark whatever. Further, LONG has published a book, in which there is a letter from Lord INGESTRIE, containing the following passage:—"I am willing to bear *ample testimony* to the fact of your having *extracted a fluid* like MERCURY from the head of one of your patients in *my presence* on *one or two occasions*. If these remarks can be of any use to you as being those of an eye-witness, I hope you will make what use you please of them."

Again. "We, the undersigned, have been personal witnesses of the effects produced by Mr. LONG's mode of treatment on one of his patients, whom we visited at her residence. She was immediately excited and irritated at our being admitted to her apartment, and did not recognise her parents, while her conversation gave much proof of her being *insane*. Mr. LONG applied his remedies to her head, which IMMEDIATELY produced a flow of liquid matter from the temples. A short time only elapsed, till she came to her reason, recog-

nised at once her friends, and spoke rationally, assuming a different tone of voice and a placid demeanour." This certificate is signed "HAREWOOD, DARTMOUTH, HOWE, THOMAS LAWRENCE."

Once more.

"London, June 19, 1829. We, the undersigned, who are patients of Mr. LONG, give our testimony to an *extraordinary fact*. It relates to a patient of Mr. LONG. We saw about a fortnight since, on three different occasions, a quantity of MATTER *extracted* from his temples, and produced by the same external remedies that we were applying to *different* parts of our *bodies* for the purpose of removing inflammation." Signed.—"PETER O'BRIEN, Limerick; S. H. OUGHTON, Manchester; G. DENZI, Palermo; INGESTRIE, London; and W. ABINGDON, India House."

To this certificate LONG adds the following paragraph.

"This gentleman, now in his visits to me, frequently makes use of the *same remedies* he employed while labouring under his complaint, for THE SAKE OF THE REFRESHING SENSATION THEY AFFORD."

Well then, the case stands thus. LONG alleges, in common with several noble lords and other persons, that by means of a lotion he has *immediately* extracted "a fluid like MERCURY," "a large quantity of matter," "and an acrid fluid," from the temples and various other parts of the body, and that the "*same* lotion" had no effect whatever when rubbed upon the skin of a sound person. Further, his witnesses swore at the inquest held on the body of the late Miss CASHIN, that this "*same* lotion" might be taken "*into the mouth, and swallowed with impunity*." Our offer, therefore, to Mr. LONG and his "admirers," is simply this;—that the Editor of this journal, accompanied by only one witness, will attend at any place that Mr. LONG and his admirers may appoint, or if that be objected to, he will attend ALONE; and that if Mr. LONG will, in his

* Mr. PRENDERGAST, M.P., gave evidence to this effect:—"The lotion "immediately produced a discharge between his shoulders, but had no effect when rubbed upon his forehead or his thorax." The applications of Long had some effect upon his chest.

presence, produce those effects by means of his lotion which have been sworn to by his witnesses at the inquest, and which have been attested by the noblemen and gentlemen in the above certificates, the Editor will then acknowledge to the assembled company, and afterwards to the world, that Mr. Long has been basely calumniated, that he is the most talented secret operator in the universe; and, further, the Editor will consent to pay one hundred pounds to any charity which may be named by the Earl of Harwood, the noble Earl of course being himself present at the exhibition,—a public duty from which we are certain this excellent nobleman would not shrink; because, as one of the attesting witnesses to the extraction of the matter from the temples, his certificate may have had some effect in inducing those unfortunate victims, Miss CARRIS and Mrs. LLOYD, to place themselves under Mr. LONG's "system" of treatment.

Here, then, the question stands fairly before the public and the medical profession on the one side, and Mr. Long and his "admirers" on the other; and if this challenge be not accepted, as it embraces nothing, according to the witnesses, which is not perfectly easy and practicable, Long must henceforth be considered as one of the vilest and most scandalous jugglers that ever disgraced society, and his "admirers," if to the imminent danger of the public health, they afterwards continue to support him, must be prepared, notwithstanding their high titles, to be stigmatised as the willing dupes and fools of a dishonest and tricking knave.

A PROPOSAL to establish a public dispensary in the important and populous town of Nottingham, hailed to some public meetings, and, by an unexpected course of events, to much excitement and dissension among the members of the medical profession. The gentlemen who attended the first meeting, including some physicians

and surgeons, were named as the committee. At the second public meeting an amended list of the committee was read, from which there were excluded the names of those medical gentlemen who had been previously appointed. This occasioned a discussion and correspondence, which, in great measure, terminated, by the introduction of the names of the three senior surgeons, and the three senior physicians. Mr. JOWETT, however, a highly respectable and able surgeon, who had been most strenuous in his endeavours to establish the dispensary, is even now excluded from the committee, and the mode by which that exclusion has been effected, is, we are bound to state, of a highly personal character. The committee or subscribers appear to have been influenced in their proceedings by a Mr. THOMAS WAKEFIELD, a cotton spinner, and son of a busy body, residing in the town. This gentleman and his followers profess to think that a medical institution can be best regulated by gentlemen who are entirely ignorant of all medical subjects. Now we would ask Mr. THOMAS WAKEFIELD, cotton spinner, and those who think with him, this plain question:—If a manufactory for the spinning of cotton were to be erected in the town of NOTTINGHAM for the benefit of the poor, what would Mr. WAKEFIELD and his friends say if surgeons, physicians, clergymen, and ironmongers, were to resolve that no cotton spinner should be allowed to sit upon the committee of management? The answer to this must decide the question as to the propriety of excluding medical gentlemen from participating in the government of a medical institution.

From the ungentlemanly and illiberal conduct displayed by the committee towards the members of the profession residing in NOTTINGHAM, and more particularly towards Mr. JOWETT, we think those gentlemen would have best consulted their own dignity, and even the interests of the public, by withdrawing altogether from the

undertaking. Strong evidence of an *esprit du corps* in such a case, is highly commendable, and even salutary.

Of the policy of establishing the dispensary we entertain very great doubt. In truth we have long been of opinion that these institutions, whilst they effect little or nothing for the poor, are silently, but certainly, working the ruin of thousands of the profession. Medical men in these establishments work gratuitously. For whose benefit? Not, as it is pretended, for the benefit of the poor. Not even for the benefit of the subscribers, but for the benefit of those who would be compelled by the laws of the land to supply medical attendance on the afflicted, at a proper rate of payment, if there were no pretended charitable medical institutions in existence. Why should medical men be the only individuals in the community who are required to exercise their talents, and devote their labours, for nothing? Do the attorneys come forward to supply law gratuitously? Are linen-draperies required to supply calicoes gratuitously? Are ironmongers required to supply tea-kettles and saucepans gratuitously? Yet medical men in the "public charities," as they are called, work and slave themselves to death, without receiving a farthing in the shape of pecuniary recompense, or even the paltry acknowledgment of thanks from one in forty of the subscribers. In fact, the annual payments made to these institutions have become a species of profitable trade to those who bestow them, while the whole of the gain is wrung from the pockets of the members of a deserving, but not over-rich, profession. We shall continue to direct attention to the proceedings at NOTTINGHAM, and if necessary shall recur to the subject.

The statement published in some of the newspapers that a Charter has been granted to the LONDON UNIVERSITY is entirely

without foundation. Indeed, we deeply regret to find, that difficulties on this subject have presented themselves in a quarter where they might least have been expected. This Institution is likely to prove a blot on that escutcheon of which it ought to form one of the brightest ornaments. It is in very many respects a splendid and useful establishment, and the support of the government, which cannot now be justly withheld, will render it of incalculable advantage to inhabitants of the not-over-educated inhabitants of this metropolis.

COLLEGE OF SURGEONS. NAVAL SURGEONS.

WE are not aware that the President and Council of the College have yet received any reply to the memorial which, in compliance with the unanimous call of the profession, they have presented to the Lords of the Admiralty. After the very kind and appropriate spirit displayed by SIR ASTLEY COOPER, and other Members of the Council, at the Theatre in Lincoln's Inn Fields, no one can doubt that, on this occasion at least, these gentlemen will omit to adopt any measure which may appear calculated to uphold the dignity and respectability of the members of the profession.

Just as this sheet was going to press, we received the following communication from MR. KING :—

TO THE MEMBERS OF THE ROYAL COLLEGE
OF SURGEONS.

GENTLEMEN,—I lose no time in laying before you the subjoined communication. As we transacted business without pens and ink and almost without paper, the resolutions were not signed when handed to Mr. Keate, to whose politeness I am indebted for the honour of authenticating them by signa-

ture. In the hope that justice will be done, I have the honour to remain,
Your faithful servant and comfrère,
T. KING.
10, Hanover-street, Hanover-square,
February 24, 1831.

SIR,—I think it my duty to inform you, that I have this day laid before the Council of the Royal College of Surgeons, the second resolution and its duplicate, signed by the mover and seconder, and inclosed to me in your letter of the 10th instant.

I am, Sir,
Your most obedient humble servant,
ROBERT KEATZ.
15, Albemarle-street,
February 25, 1831.
T. KING, Esq.

METROPOLITAN SOCIETY OF "GENERAL PRACTITIONERS" IN MEDICINE AND SURGERY.

THE difficulty encountered by the members of the Committee in their endeavours to establish this Society, have induced them to recommend that it should be dissolved; and we are authorised to state, that a general meeting of the subscribers is to be forthwith convened for that purpose.

We always contended that this Society was based upon a defective foundation, and, simultaneously with the announcement of its establishment, we predicted its fall. As it is possible that the *exposé* at the general meeting may afford some useful hints to the profession, we shall report the proceedings in THE LANCET. The majority of the members of this association are sincere and zealous medical reformers, and their exertions in the attempt now about to be made to establish a national College of Medicine, which will open the doors of a medical association upon the broadest and most efficient scale, will now be called into action by the impolitic arrangements of a defective institution.

MR. BATES, a respectable surgeon, residing at HORSELYDOWN, made a determined stand last week at an inquest held before MR. CARTER, the Coroner for SURVEY, against giving his evidence until he had been paid for his attendance. The coroner, at last, threatened to enforce the law, and MR. BATES was obliged to yield. It ought to be known that a surgeon is liable to be committed for contempt, if he refuse to give evidence before a coroner when he has been duly summoned. In suits of *misprimes the law* is different. A witness may then successfully refuse to give evidence until he has been paid his "just expenses."

AN ESSAY ON THE
LIGATURE OF THE INNOMINATA
AND
SUBCLAVIAN ARTERIES,
THE LATTER BETWEEN THEIR ORIGIN AND
THE SCALeni MUSCLES.
By THOMAS KING, Esq., Lecturer on
Surgery.

I THINK it was in 1824 that, being engaged in teaching anatomy and surgery in Paris, my attention was first called to the superficial situation of the *arteria innominata*, and the facility of tying it. To MR. O'DONALD, now an eminent practitioner in Liverpool, belongs the merit of having discovered the quickest, safest, and best mode of tying this vessel, and to him I am solely indebted for the notion I formed afterwards, of applying the same operative process to the ligature of the subclavian arteries prior to their passage between the scaleni muscles. One day, this gentleman, a most accomplished anatomist and expert operator, undertook in my class-room to tie the innominata without dividing a single muscle or important part, and that in an incredibly short space of time, I think two minutes. A body was placed on the table; MR. O'DONALD laid bare the trachea, passed his finger down upon it towards the chest, and embraced the vessel in a ligature. The operation was completed in a trice, to the astonishment of all present. But the simplicity of the plan, when once executed, was so striking, that far from surprise being evinced at the success of the operator, every-body wondered, as is often the case,

at the attainment of a new object, that it had never been thought of before. Still the subject lay dormant in my memory till I had occasion to perform the operation of laryngo-tracheotomy upon a woman for oedema of the glottis; when feeling the large vessels thump away superficially at the bottom of the neck, my attention was fixed more than ever upon the anatomy of this region. The more I considered the matter, the more versed I was as a loss to account for the opinion entertained respecting the situation of the innominate artery and the mode of taking it up; for Mr. O'Donnell's operation, and that I had performed upon the air-tube, made what may be termed a practical impression upon me; they impressed me with the superficial and open situation of the arch of the sorts, and consequently of all the large vessels springing from it. What Mr. O'Donnell had done for one of these, it seemed to me might be applied to them all, and if so, I became at once the advocate of this gentleman's operation, and the inventor of a new one founded upon it—me for tying the subclavian arteries between their origin and the scaleni muscles.

In commanding the cross of the sorts, I could tie these vessels nearer their origin than had ever been supposed possible, and therefore somewhat extend the boundary of operative surgery. I soon satisfied myself that my opinion was correct, and sometime afterwards, did not hesitate to lay it before the professors of the school of medicine in Paris, in the presence of some of whom I performed these operations on the dead subject; and as they have not been published in England, I shall submit them to this Society, first recalling the anatomical relations upon which they are founded, and after describing them, take a cursory view of the objections to which they are liable.

It is at the superior aperture of the chest that an instrument, or the finger, passed downwards upon the trachea, necessarily comes in contact with the cross of the sorts. This vessel arises from the anterior part of the left vein-trunk at its base, opposite the centre of the fourth dorsal vertebra, and from this point to the lower part of the left side of the third, it forms what has been termed its arch. The most elevated part of this arch corresponds to the lower part of the second dorsal vertebra, and it constitutes more than three parts of a circle of about three inches in diameter. The curvature is far from being regular; the vessel first proceeds forwards and to the right without any ascent, then ascends almost vertically, and, finally, it curves across from left to right, and from before backwards, to terminate in a vertical direction. The anterior and posterior planes are, therefore, inclined, the former to the left, the latter

to the right side, and in one-fourth or fifth of its extent, it is contained within the pericardium. Its relative position, which we now have to consider, is of the greatest importance. Its anterior region, concealed at first by the origin of the pulmonary artery, is covered by cellular tissue, through which some mediastinal vessels run, sometimes by the thymus gland, and finally by the anterior wall of the chest; that is, principally, by the sternum, from which, in its most anterior part, it is distant only about half an inch. Its posterior region is in relation, first, with the right branch of the pulmonary artery, further on with the trachea near its bifurcation, and, finally, with the left side of the third dorsal vertebra; its right side, or region, corresponds to the superior vena; the left is in relation with the left lung; its inferior region corresponds to the heart, the bifurcation of the pulmonary artery, the ductus arteriosus, and left bronchus. The superior region of the sorts, to which I wish particularly to call the attention of the Society, and which it is most important to consider on this occasion, corresponds to the superior aperture of the chest, an aperture offering about two inches and a half in its antero-posterior, and four and a half in its transverse diameter; it is there lodged under a sort of triangular vault, which is bounded anteriorly by the deep layer of the cervical fascia, the inferior extremities of the sterno-hyoid and sterno-clavicular muscles, and the sternum; and bounded posteriorly by the trachea. This region of the arch of the sorts is a little in relation with the left subclavian or innominate vein, which, as it advances to the right side, somewhat overlaps its anterior region.

The superior aperture of the chest bounded behind by the spine, and anteriorly by the sternum, with the sterno-hyoid and sterno-clavicular muscles attached to it, is occupied in its three posterior fifths by the trachea and oesophagus, whilst the sorts, with the large branches springing from it and the left subclavian vein, occupy its two anterior fifths. The sorts, in forming its arch, traverses this aperture on a level with the inferior part of the second dorsal vertebra, passing obliquely from right to left, and from before backwards. In consequence of this disposition there is, on the left side, between its anterior region and the sterno-hyoid muscle, a space sufficient to admit the finger, and on the right side a similar space between its posterior region and the longus colli muscle.

The left phrenic and pneumo-gastric nerves pass before the left portion of the arch around which the recurrent branch of the first winds. The oesophagus and thoracic duct are found to the right of its termination, the former situated anteriorly to the latter. Most of the cardiac nerves cr-

upon the arch of the aorta, between which and the bifurcation of the pulmonary artery, same time to pass over a convex part, it and before the end of the trachea, is the cardiac ganglion. Excluded from either pleura the aorta winds from the anterior to the posterior mediastinum, which it may be said to unite at the upper part of the chest, embracing in its arch a portion of the left auricle of the heart, the right pulmonary artery, and the left bronchus.

The innominate arises from the arch before the trachea, the left subclavian on a level with the inter-vertebral substance between the second and third dorsal vertebra, and the left carotid at the junction of the inner, with the middle third of the space between the two first-mentioned vessels. The innominate extends as far as a line drawn from the right sterno-clavicular joint to the centre of the body of the first dorsal vertebra, where it rests immediately upon the right side, but anterior part of the trachea. In this place it seems rather to continue as subclavian, after furnishing the right carotid, than to form three by its bifurcation. Thus the passage of the innominate is in an oblique direction, upwards, outwards, and backwards. Its anterior region is covered by the left subclavian, and unfortunately by the inferior thyroid veins, a little by the thymus gland, the deep layer of the fascia of the neck, the lower part of the sterno-hyoid, sterno-thyroid, and sterno-mastoid muscles, the sternal extremity of the clavicle, and the platysma myoides; its posterior region is in relation with the trachea, and its termination separated from the longus colli muscle, by a space admitting the end of the finger. On the right of the artery are the pneumo-gastric nerve, the internal jugular vein, and the pleura, from which last it is separated by cellular tissue and lymphatic glands; on its left, between it and the left carotid, is a free space, at the back of which the thyroid veins run close upon the trachea; its inferior region corresponds to the pleura, and is somewhat in relation with the superior vena. The left subclavian vein passes immediately before the vessel opposite its upper part; some cardiac nervous filaments creep upon its anterior region. In general it gives off no branch, but sometimes one which runs upon the trachea to the thyroid gland. The right subclavian artery extends from the right side of the trachea on a level with the middle of the first dorsal vertebra to the external edge of the first rib, which, in my mind, ought to indicate the distinction between it and the axillary artery. It is intermediate in size to its fellow of the opposite side and the innominate. A line drawn from the right of the trachea to the tubercle of the rib for the attachment of the scalenus anticus muscle indicates it course, but being

obliged to descend slightly, and at the curves over the summit of the right lung, forming a sort of wall to the pleura costalis, with which it is in immediate contact. Its anterior region is covered from within outwards by the pneumo-gastric and phrenic nerves, and some filaments of the great sympathetic, by the vertebral, internal, jugular, and subclavian veins, by the deep layer of the fascia of the neck, the lower part of the sterno-hyoid, sterno-thyroid, and omo-hyoid muscles; more externally this region of the artery is covered by the scalenus anticus muscle, and is, finally, placed between the subclavian muscle and the first rib. The posterior region of the vessel is separated from the longus colli muscle and first costovertebral joint, by a space occupied by the great sympathetic and recurrent nerves, lymphatic glands, and cellular tissue; farther on it is in relation with the brachial plexus, which separates it from the scalenus posticus muscle, and, finally, with its contents with the plexus, is lodged with it at the summit of the axilla, in the space bounded externally by the m. subscapularis, and internally by the serratus magnus; its inferior region rests upon the pleura, first rib, and first external intercostal muscle. The superior region, which we have most to do with in this description, lies at first in a free space bounded anteriorly by the deep layer of the fascia of the neck, and the inferior attachment of the sterno-hyoid and sterno-thyroid muscles, and bounded behind by the longus colli muscle; more externally it is placed between the scalenus muscles, and at last in the supra-scapular space, the omo-hyoid and platysma myoides muscles, the transversales colli and supes scapular vessels, with the external jugular vein, are, to a certain extent, in relation with it.

The right subclavian vein is situated rather inferiorly to the artery; the pneumo-gastric nerve, some filaments of the great sympathetic and the phrenic nerve, pass between the two, the first near the origin of the artery, the last near the scalenus anticus muscle. The left subclavian artery differing in its origin and extent from the right, has not the same relative position and direction as the latter. As we have stated, it arises from the end of the neck of the scapula on the left side of the intervertebral substance, between the second and third dorsal vertebra, and ascends almost in a straight line outwards to the inner edge of the first rib, where it takes the same direction as the right. Its anterior region is covered inferiorly by the pleura and lung, and then by the left subclavian and internal jugular veins, the deep layer of the fascia of the neck, and the inferior attachments of the sterno-hyoid and sterno-thyroid muscles; its posterior region

at first rests on the left side of the spine and longus colli muscle, but as the vessel ascends, a space is left between them, which is occupied by the great sympathetic and recurrent nerves, lymphatic glands, and most frequently the thoracic duct; its internal region is separated from the left carotid artery by a space in which the pneumogastric nerve, which lies anterior to it, passes down to the chest; its external region or left side is intimately united to the pleura. The pneumogastric nerve runs parallel to the artery, the phrenic nerve crosses it anteriorly very obliquely, and the filaments of the great sympathetic embrace it, as it follows the right subclavian. The direction of the left subclavian artery is such as not to admit of distinguishing a superior and inferior region; but superiorly it is lodged in the same space as the right, the space limited anteriorly by the deep layer of the fascia of the neck, and inferior attachments of the sterno-hyoid and sterno-thyroid muscles, and posteriorly by the longus colli muscle. As soon as the left subclavian artery reaches the inner edge of the first rib, its relations, as well as its course, are exactly the same as those of the right.

In order to understand how the blood reaches the upper extremity, where a ligature is applied to the subclavian artery, it is necessary to bear in mind the branches it furnishes. These are, in general, five in number: the vertebral, thyroid axis, intercostal mammary, superior intercostal, and profunda cervicis, all of which arise on the cardio side of the scaleni muscles, or between them.

I have not yet met with an opportunity of performing the operations here treated of upon the living subject; indeed, the cases requiring them are fortunately not very frequent. There are, however, some cases of aneurism and wounds in which the lives of patients might be saved by them. Hitherto the distinction between subclavian and axillary artery has been very indefinite, and not the same in every country; what is commonly called the subclavian artery has frequently been tied with success; that is, the artery just passing out from, or lying between the scaleni muscles; but the operations I am proposing, apply to the vessels before they arrive at, or on the cardio side of, the scaleni muscles. Perhaps it would be as well to distinguish these operations, giving to the former the name of extra-thoracic, and to the latter that of intra-thoracic, which terms might also be applied to the arteries themselves. A ligature was applied to the intra-thoracic portion of the right subclavian artery by Mr. Collins in 1815, but the operation, performed in a manner very different to my plan, was unsuccessful. I know of no other attempt to

tie the intra-thoracic subclavian arteries, which have been taken up frequently between the scaleni, but never except in the above instance on the thoracic side of these muscles. Neither am I acquainted with any successful case of ligature of the innominate. Graef, of Berlin, and Mott, of Philadelphia, attempted it; the first patient lived three weeks, and the other a fortnight after the operation. It is scarcely necessary to observe, that in both cases a plan widely different from that of Mr. O'Donnell was adopted, and I do think the unfavorable result attributable in some measure to that circumstance.

It is so general and important a rule in tying arteries to attack them by their most accessible regions, or to cut down upon them through the most superficial and least important parts covering them, as to amount to an axiom in surgery, and it is a great measure the test by which operations of this kind should be estimated. In attempting to lay bare the innominate, operators did not follow this rule, but carried their incisions towards its anterior region. Mr. O'Donnell, on the contrary, attacks its superior region. Judging the question by the above test, we have then only to determine which region is the most accessible. Anatomy clearly shows that the superior region is that by which the vessels can be approached with the greatest facility, and least disturbance of important parts; and, on the contrary, that it is almost impossible to uncover its anterior region, since the latter is concealed not only by the left subclavian and inferior thyroid veins, the fascia of the neck, the sterno-hyoid, sterno-thyroid muscles, and superficial parts, but also by the sterno-mastoid muscle, and the sternal extremity of the clavicle.

Now the superior region of the vessel may be said to be covered by no important parts; it lies in the space to which allusion has so frequently been made, between the deep layer of the fascia of the neck lying the sterno-hyoid and thyroïd muscles, and the trachea. On the median line this space may be cut into by merely dividing the skin and fascia of the neck, and when once in it, the surgeon has only to follow its posterior boundary—that is, the trachea, in order to reach the innominate. These observations apply with double force to the research of the subclavian arteries which lie in the same space; to arrive at the right subclavian the surgeon has only to follow the trachea, and to pass his finger along the trachea and spine to find the left. The last vessel, it is true, is deeply seated; but it must be recollected, that as the surgeon's finger exceeds the extent of the bodies of two vertebrae, the artery can be commanded even at its origin; and were it still deeper,

it might be commanded by properly-constructed instruments. Besides, attacking them anteriorly does not diminish their depth, unless it be proposed to saw through the sternum, and turn it out of the way. I have now to detail the different steps of these operations.

To tie the innominate, the operator places himself on the left of the patient near the head, which is extended, and makes an incision about two inches long from the upper end of the sternum on the median line, or obliquely (which I think preferable) along the inner border of the left sterno-mastoid muscle, dividing successively the skin and cellular tissue, perhaps some fibres of the platysma myoides, and the middle part of the cervical fascia; the finger is then passed into the cellular interstice, between the corresponding edges of the opposite sterno-hyoid and thyroid muscles, and directed rather obliquely under the right sterno-thyroid muscle, between which and the trachea, and the deep layer of the cervical fascia. This fascia must be divided with the nail, or a blunt-pointed bistoury, and then the left fore-finger may be passed down along the trachea, bearing a little to the right, where it necessarily falls upon the artery, which, as we have so often mentioned, lies upon the air-tube in this place. Having well ascertained the precise position of the vessel, the surgeon directs the patient's head to be inclined forwards, in order to relax the muscles, and afford as much room as possible; he takes care to protect the left subclavian and internal jugular veins, by carrying them towards the sternum with the same finger, which is never removed from the vessel, and which serves to guide the ligature. The ligature is conducted by a blunt-pointed hook-needle, and drawn tight by the two fore-fingers passed into the bottom of the wound.

In this operation, the anastomotical veins placed under the sterno-mastoid muscle are sometimes wounded, if so, they must be severed by ligature. The innominate may thus be tied in the place of election; the ligature will be found at first near its bifurcation, but it may be easily moved by drawing it upwards upon the trachea. Neither the pleura nor the pneumo-gastric nerve is in danger; but some of the cardiac filaments of the great sympathetic, which run along the vessel, are necessarily included in the ligature.

No operation can be more easy and simple, or more in conformity with the true principles of surgery, than this, and it will be found, with very slight modification, to be applicable to the ligature of the right subclavian artery, which we have now to consider. To tie this vessel, the same incision may be made; only, when the finger is

passed down upon the trachea, it must be directed more obliquely outwards, and sometimes it may be necessary to divide a few of the fibres of the sterno-thyroid muscle. The ligature is to be placed at any given point between the trachea and scaleni muscles, but we are here in close contact with the pneumo-gastric, recurrent, phrenic, great sympathetic nerves, and with the pleura. The first may be avoided by drawing it inwards, the phrenic should be carried outwards, and as the recurrent nerve may be felt winding round the artery, it may be cleared also by a little precaution. The pleura must be gradually and very methodically pressed down and detached from the vessel.

The principal modification necessary for the ligature of the left subclavian artery, consists in making the incision along the border of the right sterno-mastoid muscle instead of the left. The operator necessarily stands on the right of the patient, and passes his finger under the left sterno-thyroid muscle, along the left side of the trachea, over the left carotid artery, and along the left side of the spine, till he arrives at the vessel. The pneumo-gastric nerve should be left in situ on the inside of the finger, whilst the phrenic nerve, the internal jugular and left subclavian veins, are carried backwards and outwards. Considerable time is required to work the finger progressively and safely through the cellular tissue; the operator must proceed very slowly, step by step, and with extreme care; for he has not only to avoid injuring the vessels and nerves which are here in abundance, but must detach the pleura from the upper and back part of the chest, and nothing is more easy than to rupture this membrane; indeed the difficulty of detaching it without laceration, constitutes with some surgeons, as we shall have occasion to state, a serious objection to any attempt to tie the vessel.

When the artery is distinctly felt and cleared, so that the surgeon can pass his finger round it, a ligature may be applied by means of a long blunt needle, curved and hook-shaped at one extremity, or by Desault's *angulaire dressée*. To tie the knot, two metallic tubes may be used, supposing the fingers too short. Great care must be taken that the way be clear, and nothing interposed between the first and second knot, an accident which I once witnessed in an operation for tying the external iliac, and which required a second ligature. To avoid the great sympathetic nerve and the thoracic duct, this ligature should be applied nearer to the origin of the artery than to the scaleni muscles.

I do not foresee that any objection can be made to this mode of exposing the vessels, because it is the only one which

the anatomy of the parts indicates ; but most of the formidable objections made to the ligature of very large arterial trunks, apply to any attempt to tie these arteries. Still, as in some cases of wounds and aneurisms these operations afford the only hope of saving life, the surgeon will be justified in performing them, if there be some chance of a cure, or no proof that a cure is impossible.

With respect to the ligature of the innominate, no objection founded upon the difficulty of performing it can be taken ; the lesion of every important part, with the exception of some cardiac filaments, may be avoided by a careful anatomist ; the left subclavian and right internal jugular veins can be moved out of the way by the finger, and the injury of the minute nerves, running upon the vessel, ought not of itself to prevent an operation where it is the only means of preserving life. A strong objection arises from the difficulty with which the circulation is kept up in the head, neck, and right arm ; but the arteries of the sound side are sufficient for the two former, and would carry the blood to the latter by their anastomoses with their fellows of the opposite side, which, in their turn, anastomose with vessels arising from the subclavian ; these last, particularly the first intercostal and internal mammary, would receive blood also from the descending aorta by means of the other intercostal arteries. Besides, experience has answered this objection in the cases operated upon by Græfe and Dr. Mott, where one patient survived a fortnight and the other three weeks, and in neither of which the circulation was seriously impeded. Indeed, there is every probability Dr. Mott would have been successful, had he operated according to the plan here laid down.

The difficulty of tying the intra-thoracic subclavian arteries, furnishes an objection to the operation being undertaken by any but a skilful anatomist and well-educated surgeon, because parts are exposed the lesion of which would instantly cause death. The possible lesion of the internal jugular, vertebral, and subclavian veins of the pleuric, pneumo-gastric, and great sympathetic nerves ; that of the thoracic duct on the left side, and the rupture of the pleura, constitute formidable obstacles to the safe accomplishment of the operation. But it must be recollected, that the injury of most of these parts can be avoided by protecting them with the finger. The thoracic duct is a serious obstacle, but as it is in direct relation with the artery only opposite the junction of the internal jugular and subclavian veins, it may be avoided by respecting the parts in the immediate vicinity of its termination. Some of the filaments of the great sympathetic must inevitably be injured, but not in

sufficient number to be necessarily mortal. One of the greatest objections is the liability to rupture the pleura. I grant that it is a frequent occurrence even on the dead subject, but it is not unavoidable if the surgeon will but allow himself time—time, the great requisite of a sound operation. If it cannot be avoided by the plan I propose, which has the advantage of laying the artery bare to a great extent of its circumference without touching it, there is certainly no other by which it can possibly be secured. The surgeon has the opportunity of detaching it from the mediastinum outwards, just as the peritoneum is separated in the ligature of the iliac arteries. I admit, that the two cases are not perfectly analogous, for the pleura, which are of extreme tenuity, have not the cellular tissue that lines the peritoneum, and are closely applied to the subclavian arteries, especially to the left. Bleeding is more difficult than their separation, still it is possible without the lesion of either. Supposing the lesion of the pleura inevitable, would this accident be sufficient to cause the operation to be rejected ? For my own part, I should answer negatively. The membrane would be ruptured by the finger, and the lung would not be exposed to injury, therefore the lesion would be much less serious than certain penetrating wounds of the chest which admit of recovery. Another circumstance weakening the chances of success in these operations, especially that proposed for the right subclavian, is the proximity of large branches, which receiving fluid blood constantly, might prevent the formation of a coagulum in the artery, and consequently expose the patient to secondary hemorrhage from its not being obliterated after the ligature ; but as long as the obliteration is not proved to be impossible, the ligature is justifiable in all cases where death is certain without it.

The Society* will perceive that I have in no wise concealed the difficulties attending these operations ; and, considering that the cases requiring them are of necessity mortal, it will, I doubt not, deem them justifiable also. In my own practice, I should, after a consultation, have recourse to them, and should any of my colleagues meet with a case and decline operating himself, I should be very grateful for the opportunity of giving these operations a fair trial.

Hanover-street, Hanover-square,
February, 1831.

* This paper was read before the Westminster Medical Society.

STEPHENSON AND CHURCHILL'S MEDICAL BOTANY.

To the Editor of THE LANCET.

SIR,—Having being a little "behind the scenes," and witnessed how the machinery of medical criticism has in general been sustained, I so highly value the impartiality with which you conduct your labours in that department, that I should consider it my duty to write under your lash without murmur, were you to think it right to inflict punishment. But when I find you make remarks of an injurious tendency, which are evidently the result of incorrect data, you will readily concede my right to explanation. In No. 385 of THE LANCET, you have given a favourable notice of "Medical Botany," but remark, "that you cannot say that you think the publication a cheap one." Now that it will cost the purchaser rather more than eight guineas, is quite true, but notwithstanding this, I am bold to affirm, that it is not a dear work in the general acceptance of the term, having cost the authors the labour of five years, and nearly two thousand pounds to complete it. How they are to be repaid, excepting by the commendation the work has received, your knowledge of the almost universal poverty of the profession, of the complete ignorance of, and general inattention to, the subject, will readily suggest. Wishing to look with a complacent eye on my own labours, and with an admiring one on those of my coadjutor, I intreat you to come round to my opinion, as the publication, instead of containing "altogether nearly a hundred and fifty plates," has nearly two hundred, which addition to the number you have assumed as the ground-work of your remark respecting the price, adds nearly five hundred pounds to the author's expenses.

I might add, that previously to the appearance of our work, Woodville's was selling for eight pounds eleven shillings, and that it is now unsaleable.

I am, Sir, your obedient servant,
JAMES MORRIS CHURCHILL, F.R.S.

CURE OF HYDROPHOBIA BY ASPHYXIA.

In the same Number you have designated Mr. Charlon's plan of producing asphyxia as a cure for hydrophobia, a new method; so far from this being the case, I beg to inform you, that there are fishermen at Southampton who regularly, and *secundum artem*, perform this operation, by holding the bitten person under water with forked sticks, till the "blood is turned," as they term it. They have cards announcing their residences, skill, success, &c.; and nearly twenty years ago (I shall never forget it) I saw a man of the name of Corry row his boat about a hundred yards from the quay, and there hold a man under water in the manner described, for about three minutes. He was then quickly conducted to shore, and put to bed at the nearest public house. On the same day I saw nineteen pigs driven down to the water to undergo the same process; they came out of *Bank-shire*, in which county this turning of the current of blood is highly thought of.

* * * Mr. Dewhurst will excuse me by reminding him, also, "that there is nothing new under the sun." In another letter I will state my reason for supposing that scottic acid was John Long's counter-irritant; if so, Mr. Dewhurst's humane assumptions in his concluding sentence, have but a sandy foundation.

J. M. C.

CHARGES OF PLAGIARISM.

The Number of THE LANCET for February 10th, contained an abstract of a paper read by Mr. Quain to the Westminster Medical Society, purporting to communicate original information on the subject of the diagnosis of affections of the cerebro-spinal system and its membranes.

In it the names of Georget and Abercrombie are first quoted, apparently with most laudable candour, as though the best or the only authorities on the subject; but, in fact, merely for the purpose of intimating that they have failed to accomplish that in which the author has succeeded. In this proceeding there are two circumstances calculated to excite surprise; the one, that the essayist should have reckoned so confidently on the ignorance of his hearers and the public, as to lay claim to originality; the other, that none of the members of a medical society in the metropolis should have had the ability or the firmness to expose the attempted deception, and pluck the daw of his borrowed plumes.

To those who may not be acquainted with all that has been done in this part of pathology, it is sufficient to state, that the diagnosis in question, between the symptoms produced respectively by affections of the brain and of its membranes, is borrowed without acknowledgment from two French works, viz. Martinet and P. Duchateau's *Traité sur l'Arachnitis*, and Lallemand's *Six Anatomico-Pathological Letters on the Encephalon and its Dependencies*. The latter in particular, a work of great merit and originality, has been pillaged without scruple.

Martinet and Duchateau, however, have no cause for gratulation; they had already paid their tribute to English plagiarism. One Dr. Hawkins, some two or three years ago, treated the College of Physicians to a

series of lectures on the pathology of the brain and of its membranes, in which the descriptions, the anatomical researches, and the curiously-minute statistics of the two Frenchmen, are appropriated with all imaginable complacency, without a shadow of acknowledgment, or the escape of an expression which might indicate whence they were derived ! This system is clearly " too bad !" the more so, as these cases, though gross and glaring, are far from being solitary or unparalleled. If people of this mediocre stamp feel their incompetence to observe and expound the laws of nature, and if their introduction to public unimadrevion be necessary or desirable, let them have recourse to imagination or any other faculty they may possess ; but at best, let us request them to be honest enough to abstain from laying their hands on other people's property. If, however, principle and honour should be wanting to ensure men this small virtue, the public have a right to demand that the transgressors shall not escape the castigation of THE LANCET, pledged as it is to expose fraud and false pretences in whatever shape they present themselves.

CURIOUS STORY.

ST. BARTHOLOMEW'S HOSPITAL.

ABSCESS IN THE CEREBELLUM.

ELIZ. FURY, æt. 19, was admitted into Faith's Ward, on the 13th of January, under the care of Mr. Lawrence. She has paralysis of the portio dura of the right side; during sleep the eyelid of the affected side is but half closed; and when she laughs, the muscles of that side remain motionless, and thus a rather ludicrous appearance is produced. She suffers severe pain in her head, but none of the functions of the body are disturbed. There are two excrescences in the meatus auditorius externus of the right side attended with purulent discharge.

She stated that she has been subject to headache for the last twelve months, and that lately excrescences have appeared in the meatus. She has been married a fortnight, since which the pain in her head has increased to such an extent, as to compel her to come here to seek relief.

The treatment which was adopted was antiphlogistic, and consisted of five copious bleedings from the arm, the application of leeches to the head, a blister to the nape of the neck, and active purging. These remedies were attended with considerable mitigation of her sufferings; a portion of one of the excrescences came away, which also

was productive of relief. The pain being still severe, her head was shaved, and ice applied to it. She was then submitted to a course of mercury, which affected her system in a few days. These measures were not capable of arresting the disease, and she died on the 27th of January.

Post-Mortem Examination seven hours after death.

Head.—Membranes of the brain perfectly healthy; the convolutions appeared paler than usual, and were much flattened, especially on the right side. There were no evidences of inflammation in the substance of the brain. Three ounces of very transparent fluid were found in the lateral ventricles. On dividing the tentorium, the right half of the cerebellum appeared enlarged, and its anterior part felt as if it contained fluid. When it was cut into, about half an ounce of thin, and very fetid, pus escaped; the peries of the abovea were of a blackish-green colour, and the cerebellum was adherent to the meatus auditorius internus. On stripping off the dura mater from the petrous portion of the temporal bone, thick pus was seen on the upper surface of the superior wall of the tympanum. This was washed off, and ulceration of the bone beneath it was observed; there was an opening in it through which a probe was passed into the tympanum, which, when its superior wall was removed, was found full of pus. There were two excrescences in the meatus auditorius externus; one attached to the lower part of the meatus, the other to the membrana tympani, and in this membrane there were several small holes. The portio dura was examined, and exhibited its usual appearance.

The thoracic and abdominal viscera were healthy.

Pelvis.—The uterus and ovaries were enlarged, and in a state of congestion. The labia of the os uteri were prominent, and the posterior one more injected than the rest of the uterus. Several small eminences were seen on the surface of the ovaries, which Mr. Lawrence supposed to be ova ready to escape. Sections of the ovaries were made, and in the one on the right side a very beautiful corpus luteum was found.

SYMPLECTIC ULCER OF THE EYELID.

ELIZ. COLE, æt. 42, was admitted into Faith's Ward on the 27th of January, under the care of Mr. Lawrence. The superior lid of the right eye is so much swelled as to prevent her elevating it; is of a dark-rose colour, and a slight ulceration is seen on its ciliary margin, near the external canthus. When the lid is everted, a sore of a circular figure, and about half an inch in diameter, is seen on its conjunctival surface. The ser-

face of the ulcer is of a dark-ash colour, as are also the edges, which are raised and slightly irregular. The conjunctiva lining the lid is highly inflamed, but that covering the eye is not. There is a slight purulent discharge from between the lids, and with the exception of being unable to open the eye, she experiences no inconvenience. There are two syphilitic sores on the scalp, and one of them is rather extensive. Her tongue is white, bowels open, pulse natural, catamenia suspended during the last eighteen months.

She states that she is a servant, and that she had a clap three years since, but denies having ever had any other affection of her genital organs. *To take a dose of the compound senna mixture directly, and two grains of calomel, with a third of a grain of opium every eight hours.*

31. Swelling of the lid less than when she was admitted, but is still considerable; vascularity of the conjunctiva diminished. The surface of the ulcer is of a much lighter colour, and small red granulations are seen at several points. The discharge has nearly ceased, and the ulcers of the scalp are improving. Tongue clean, bowels open; pulse 70 and soft; her gums are rather sore, and there is an increased secretion of saliva. *Continue the calomel and opium.*

Feb. 2. The swelling of the lid has much decreased; the ulcer looks more healthy than it has hitherto done, and those on the scalp are also better; her mouth is very sore; she is in other respects the same. *Discontinue the calomel and opium.*

6. The ulcers are healing fast; her mouth continues very sore. *Let her use an alum gargle.*

14. The improvement has been rapidly progressive; the swelling of the lid has subsided; the ulcers are healed; the vascularity of the conjunctiva has disappeared, and she says she feels perfectly well.

LITERARY INTELLIGENCE.

Mr. E. W. Tuson, teacher of anatomy at the Little Windmill Street School, is preparing for the press a folio Fasciculus on the Anatomical and Surgical Facts of Inguinal and Femoral Hernie, illustrated by plates on a similar construction to those that have been already published by that author.

BOOK RECEIVED.

A Description of the Diseases and Accidents incidental to the Horse, wherein the Rock Oil or Barbadoes, or Green Mineral Naphtha, has proved a particularly useful remedy, with directions for its general use. By B. Hart, Zoatrist. London: Sherwood. 1831. pp. 48.

TO CORRESPONDENTS.

Mr. B. M. Bradford will find in our 388th No., that we had already inserted a reply on the subject of the Surrey Dispensary.

Medicus. In both cases he is safe.

Judicus. The market in that quarter is completely overstocked, and the pay has of late been so much reduced as to be considered a very inadequate remuneration.

Mr. Litchfield. Unfortunately surgeons cannot recover by legal means fees for attendance on coroners' inquests.

Probably J. H. had better forward his suggestion to the editors themselves.

We should be very glad to comply with the wish of *Veritas* and his friends, had we more space, but an introductory lecture can hardly be expected to afford sufficient novelty to justify our publishing one at this moment.

A Pupil of *St. Thomas's* denies that the resolution of pupils attending the demonstrations at that hospital exculpate the demonstrator from the charges brought against him. He states that the resolution itself was proposed by the acting demonstrator, that not more than one-fourth of the students would sign it, and that many of those who did were old students who are not in the rooms above once a month. He repeats his statement that there are no demonstrations on a Thursday, that at Christmas there were none for fifteen days, and that for many hours in the week there is but one instead of two demonstrators present.

A Correspondent informs us that arrangements have been made between Dr. Addison of Guy's Hospital, and Mr. Cooper of the Webb Street School, which will permit the course of lectures delivered by the former gentleman to continue undisturbed.

Discipulus Esculpii. We believe the examination is, in Gregory's Conspectus, restricted to the first ten books, and to the first and third books of Celsus.

Mr. Gates. It is not necessary that he should be a medical practitioner; but, of course, a member of the medical profession must be deemed best qualified for such an office.

C. W. M. We regret to say there is no remedy.

The annual dinner of the teachers and pupils of the Aldersgate Street School took place on the 18th. We have not room for a report of the proceedings in our present Number.

J. R., S.—d. It would have afforded us sincere pleasure to have rendered him assistance in the controversy in which he was engaged, but we feared that his position was not maintainable. Another communication, containing an account of the subsequent proceedings would be acceptable.

We beg to acknowledge the polite notes of the editors of several medical journals; and we regret that our arrangements will not allow of our accepting their offers to exchange. The business at our office is already too weighty to be managed without considerable difficulty, and we have hitherto found it inexpedient to exchange journals with any periodical whatever;—not from any unfriendly feeling, but on the ground that we are averse to add to the number of our already complicated arrangements.

R. C. The clerks are certainly allowed to make the additional charge for the supplemental numbers, but Dr. C. may spare himself any further uneasiness on the subject, as the opportunity for making the demand is not likely to recur. We value his friendship.

Inquirer. The disease is not dangerous, but we would earnestly recommend him to apply to a surgeon. There is not a man in the profession who, if our correspondent's circumstances are such as he states them to be, would withhold his gratuitous assistance. He may rest assured that this is the safest course, and will tend most to his advantage.

We are compelled most reluctantly to omit the insertion of Mr. Garden's note until next week.

Glasgow Medical Journal. No. XIII.
February, 1851.

We find several valuable papers in the number now before us. The conciseness and importance of the following articles induce us to present them to our readers without abbreviation:—

CASES OF IDIOPATHIC GLOSSITIS.

By Mr. John Ogill, Surgeon, Stranraer.

“ True idiopathic glossitis seems to be a very rare disease; at least, the recorded cases are few in number. The following cases, therefore, occurring in my practice here, may not be altogether destitute of importance:—

“ Case 1.—C. Kennelike, a farmer, aged 50, complained of much difficulty in deglutition, which he attributed to inflammation of the throat. As he lived at some distance in the country, and could not come in himself, his wife came to me, and explained the symptoms as well as she could. Appropriate remedies for the supposed disease, inflammation of the throat, were recommended. About a week after this he was brought to town in a cart. I then found that the left half of the tongue was so much swollen as completely to prevent articulation and deglutition. The right half, of its natural size and appearance, was in part overlapped by the diseased half. For eight days preceding he had not been able to swallow any-thing solid, and during the last two days he could not get down a drop of liquids; the pulse was nearly natural. I wished to apply leeches to the tongue, but the mouth was so completely filled with it as not to afford space for them except at the tip; I therefore put eleven large leeches to the root of the tongue externally, and when they fell off applied a cupping glass over the bites, by which means about six ounces of blood were obtained, but this afforded little relief; I then introduced a scalpel flat on the dorsum of the tongue, and made two incisions, about half an inch deep, from the farthest point to which the instrument reached to the tip. The incisions bled pretty

freely, and the swelling was, in consequence, so far reduced as to enable him to answer questions intelligibly; he could also expectorate a little, which he was before unable to do, though, as he expressed it, ‘choking with his spittle,’ which was thick and very tenacious. This was at noon. I saw him again about eight o’clock in the evening; the diseased half of the organ was then as much swollen as ever; I scarified it still more deeply, and ordered an enema with an ounce of castor oil. As he was evidently exhausted from want of food, for which he had a good appetite, but which, as I have stated, he had been unable to take for eight days, I ordered some soup to be made, with the intention of calling in an hour after, and of attempting to introduce it into the stomach by means of the stomach-pump. I accordingly returned, and found him smoking his pipe, the last scarification, along with the enema, having given him great relief. With considerable difficulty, and very slowly, he swallowed a small bowl of soup. When I saw him next morning, the tongue had resumed its former swollen state. I then observed, what I had not done before, a peculiar lividity at the tip of the diseased half of the organ. I now introduced the scalpel as before, and made an incision more than an inch in depth. A great gush of most offensive pus followed, and gave the patient immediate relief; the incisions healed in eight days, the tongue having recovered its proper size and appearance. The sensibility on the left side of the tongue continued impaired for a year after, but it was afterwards gradually recovered.

“ Case 2.—March 5, 1829. Jas. Brown, a sailor, æt. 15. After languor, and some rigors, complained of difficulty of deglutition, which he attributed to inflammation of throat. I saw him next day, and found the left half of the tongue swollen to at least three times its natural bulk, and very painful; articulation and deglutition were performed with much difficulty and pain; the surface of the tongue was foul, except at the tip, which was peculiarly clean and red; the papillæ of this part seemed to have entirely disappeared, leaving the tip remarkably

smooth; the median line formed an abrupt termination of the enlargement. Pulse 100, very hard and full; some thirst. The abstraction of twenty ounces of blood gave some relief, and enabled him to swallow a brisk cathartic immediately after. The next day the tumefaction and pain seemed to be again on the increase; five large leeches were applied to the tongue, and the cathartic was repeated. The leeches gave immediate relief, and from this time the disease rapidly abated, leaving the organ in a healthy state on the fourth day after the attack.

"CASE 3.—July, 1828. J. B., a woman from the country, applied to me with glossitis affecting the whole organ, and terminating in suppuration of the right half. She was relieved by scarifications, by letting out the pus, by the lancet introduced at the side of the tongue, and by cathartics. Some months after she was again attacked with the same complaint. As I was hurriedly called away when she came to me she went to another surgeon, and I never learned the result. In this case, likewise, there was a peculiar lividity and smoothness at the tip, on the side which suppurated.

"*Remarks.*—In none of these cases could the patient assign an adequate cause for the complaint, unless we consider as such the only one that Kenmuire could give. At the first bite of a very sour apple, which he had been eating two days before the attack, he felt as if a needle had run into his tongue, and a sudden flow of saliva followed. In the 4th vol. of the Dublin Hospital Reports, a case of idiopathic glossitis, affecting the left half of the tongue, is related by Dr. Graves, and is, apparently, the only case on record in which the inflammation was limited to the half of the organ. In the first two cases related above, the disease was confined to the left half also; this of course must be considered as an accidental coincidence, for we can hardly conceive why the left half should be more liable to inflammation than the right. Perhaps the lividity on the tip in the first and last cases may be considered as symptomatic of the suppuration which took place; if so, this would encourage us, in a similar case, to have recourse to incision as practised in these cases with so much success. I believe it will be found very difficult to detect the presence of pus by the feeling of fluctuation which generally guides us in other cases. The tongue fills the mouth so completely, and the introduction of the fingers gives so much pain, that putting out of the question the unsteadiness of the organ, its peculiar texture, and the deep seat of the pus, it may be considered a matter of some importance to fix on some appearance as indicative of the formation of an abscess. So far as these cases go, the livid colour of the tip of the

tongue may be considered as symptomatic of suppuration."

ŒSOPHAGOTOMY IN THE HORSE.

By J. P. Cheetham, Veterinary Surgeon.

"On the 9th of August I was called to attend a bay mare at the Horse Barracks, the property of an officer of the 4th Dragoon Guards; when I entered her loose box, I found her discharging masticated food by the nose; and I perceived on the high side of the neck, in the situation of the œsophagus, a swelling of the size of my arm, commencing about six inches below the pharynx, and gradually increasing in size until it reached the sixth cervical vertebra, where it terminated abruptly. From the history of the case, it would appear that there had been a partial obstruction offered to the passage of the food ever since she had been purchased, which had been progressively increasing for a period of about nine months. On several occasions of late, the œsophagus had become so obstructed, that it was necessary, in order to remove the contents, to wash these down with water; in other instances a probang was used. Last spring a blister was applied over the diseased part, and she was afterwards turned out to grass. While at grass, it was observed that the food, when it happened to lodge in the lower part of the dilatation, was frequently passed up towards the mouth, and again returned towards the stomach. This action went on in many instances, till the food, as it were, accidentally passed on to the stomach. She was taken from grass on the 6th of August, and, on the following day, was given a considerable allowance of corn, in order to ascertain if she had recovered from the disease. An accumulation of the food as formerly was the result; and the means formerly used having been tried without effect, I was sent for, and finding by the previous history that a permanent stricture existed, I resolved to perform the following operation. Having had her cast on her right side, I made an incision opposite the sixth cervical vertebra into the œsophagus, about four inches in length, the knife passing between the levator humeri and the vessels and nerves (namely, the jugular vein, carotid artery, and par vagum); on opening the œsophagus, it seemingly was divested of its muscular fibres, the cuticular coat being the principal part that here composed the tube. Having exposed part of the masticated food which it contained, it was, from its density, removed with some difficulty, and she was afterwards given a little warm water to wash out the œsophagus. The dimensions of the dilated portion I could not correctly ascertain, but its inferior part I imagined, when distended, to be

three or four inches in diameter. On examining the cyst, I found the tube so much contracted at the opening downwards, that it would only admit a probing half an inch in diameter to pass, and that not without rotatory motion and some degree of force. After withdrawing the probing, she was allowed to get to her feet; she then drank freely of warm water, which, by applying pressure on the wound, passed on to the stomach without interruption. But when the pressure was removed, the greater quantity passed out by the wound; her pulse, which at first was 65, having risen to 75 after the operation, I abstracted from the jugular vein five quarts of blood, administered a laxative drench, and I left her at five p.m. At nine p.m. I again visited her, and found the pulse 90; the wound in a foul-like state, an ichorous discharge, with an offensive smell; fomentations of tepid water were then applied to the parts all night, and a solution of the chloride of lime injected into the wound every half hour. In the course of two hours she was much relieved, pulse fallen to 80; she took freely of gruel through the night, and by four next morning the wound had lost the offensive smell; the discharge much less; pulse 75. I now left her, a poultice having been applied over the wound. At eleven a.m. the symptoms much the same; the wound was bathed with tepid water, and a fresh poultice applied. In the evening, pulse 65, at which it continued for two days. With the wound, similar treatment was pursued; her regimen was gruel, mashes of bran, and a decoction of linseed of a thin consistence. On the 12th a sloughing in the wound commenced, extending to the oesophagus, part of which was detached in a week, when the wound assumed a healthy condition, and the fever abated. I now introduced a probing of a similar size as that mentioned formerly, through the stricture, and repeated it two and three times a day for ten days, increasing its size gradually. After the first introduction the probing passed every day more easily, till at length it could be introduced with the greatest facility. By these means the stricture, which appeared to have formed where the tube enters the chest, was overcome; but since that time the probing has been occasionally introduced by the owner. To assist the mare in swallowing, the dilated part is aided in its action by pressure, which is accomplished by means of a collar similar to that of a martingal, with a pad attached to it, and the whole being fixed to the roller by straps properly adjusted, a regular degree of pressure is kept up.

"Sept. 26, I now find the dilated portion greatly diminished in calibre; the

wound nearly closed; she is lively and in good spirits, taking daily exercise, and eating her regimental allowance of corn and hay.

"The mare has now, 30th of December, 1830, been for a considerable time quite well, is in good condition, and has been frequently hunted since the operation."

PATHOLOGY OF TETANUS.—REMARKABLE DISSECTIONS.

The 8th article consists of an account of the yellow fever which prevailed on board H.M.S. *Iphigenia* in 1822. We shall notice this essay on another occasion. The last paper from which we shall make an extract, is a report of cases treated in the Glasgow Royal Infirmary, by Dr. Perry. In this report, two cases of traumatic tetanus are detailed, in both of which peculiar morbid appearances were detected. We extract the account of the dissections, which appear to us to be of the utmost importance. The symptoms or treatment require no observation. —

CASE 1.—"Inspection 24 hours after death.—The whole spinous processes and calvarium were removed; the brain and theos' vertexbrum fully exposed. There was a little serous fluid at the base of the brain, betwixt the tentia arachnoides and pia mater. The brain was considerably more vascular than usual, and on the posterior part of both lobes of the cerebellum there existed an ecchymosed appearance, which could easily be removed by raising the pia mater. The medulla spinalis had a perfectly healthy appearance, but a considerable quantity of partly fluid, partly coagulated blood, existed betwixt the theos and the vertexbrum. The vesicated surfaces occupied the lower half of the left leg, and the outer and lower half of the right leg. Both had a green sloughy aspect, and the cellular substance was much inflamed. The veins did not appear more vascular than natural, and the arteria appeared healthy. The nerves were also carefully examined; the cutaneous of both legs, particularly the communis tibialis, and the communicating branches of the peroneal nerve with the tibialis communis, were examined at the seat of the injury; tracing them upwards above this point they were perfectly healthy, except that portion of the peroneal which turns over the head of the fibula, there it was again distinctly very vascular, thus leaving an intermediate portion perfectly free from the appearances of inflammation. The vascularity appeared to be confined to the sheath of each nerve; the deep-seated branches appeared to be quite

natural. No other morbid appearances were detected.

"CASE 2.—*Inspection 24 hours after death.*—The body was allowed to lie the usual way on the back till the time of inspection. The calvarium and spinous ridges were removed, fully exposing the theca vertebrarum, down to the cauda equina; there was no effusion on the brain or its membranes, and its substance was natural throughout. No effusion existed between the theca and the vertebræ; the theca was healthy, and betwixt it and the spinal chord was a preternatural quantity of serum. The chord itself was of a pale colour. The nerves on each side of the remaining phalanx of the ring-finger were very vascular. On tracing upwards the ulnar nerve from this point to the elbow, it was of its natural colour, but here again it became very vascular for about the extent of two inches. In the axilla it again presented a similar appearance as at the elbow, the portion of it intervening betwixt these two points being healthy. Tracing the median nerve in the same way as the ulnar, it was found perfectly natural, from its digital branch, which supplied the radial side of the ring-finger (and which, as stated above, was much inflamed), till about the middle of the arm, when it again presented an inflamed appearance for the extent of an inch and a half. The portion of it intervening betwixt this part and that confined to the axilla, where it again became vascular, was natural. This vascularity throughout, was not confined to the sheaths of the nerves, but occupied their substance; the radial and superficial nerves of the arm, along with its veins and arteries, were perfectly natural; the lumbar nerves were unaffected; the œsophagus was examined, and found healthy; the trachea appeared inflamed, and contained a large quantity of greenish-coloured mucus; the other thoracic viscera and digestive organs natural."

PRACTICAL OBSERVATIONS ON THE
PATHOLOGY AND TREATMENT
OF
DEAFNESS.

No. III.

By JOHN FOSBROKE, M.D., Cheltenham.

THE predisposing causes of deafness are, hereditary transmission; unknown imperfections of the structure of the organs of hearing; debility arising from other diseases, and especially weak and disordered states of the pulmonary organs. The doctrine of predisposition, though it has been limited to particular diseases, is applicable

to almost all. Diseases, whether of the liver, lungs, brain, or of other organs and tissues, are seen continually to descend through families, and, in fact, to form family diseases, derived from one side or the other. Deaf patients very frequently trace their infirmity in this manner from their progenitors. I have been consulted upon deafness by more than one member of the same family at the same time, as in the instance of Lady B. and her daughter Miss G. B. A lady, a friend of the late Colonel James Smith, of Cheltenham, fell out of a window at Norwich, in a state of pregnancy, and instantly became deaf in one ear. The child produced by this pregnancy was born deaf in the corresponding ear.

In the absence of hereditary predisposition, as indeed in the majority of those who go deaf, there would appear to be some original condition of the organs, which renders them in a particular degree susceptible of being acted upon by the exciting causes. Otherwise, why should it occur that under all the same conditions of the case, the same remote causes should produce it not in one individual immediately excite it in another? This original condition consists probably in some original imperfection in the constitution of the ear in structure and function. Also the ears, comparatively with other organs, are constructed with a superior delicacy, and more exquisite sensibility of impressions of all kinds, and, from that circumstance alone, are more liable to be affected by all the general exciting causes of disease. Hence, bodily and mental disorder, general constitutional derangements, co-operating with the disposing cause, may either induce deafness, or returns of it. I have known many patients who entertained a notion that shortness of breathing, or "weak lungs," had led to their deafness. General debility is followed by an enfeebling of this sense. Hence, deafness frequently occurs in the last stage of consumption. It comes on as a monitor of old age, often goes away,* and returns again, till it becomes fixed. An old lady, now æt. 85, became hard of hearing at 75 æt., recovered, became deaf again, at last permanently. She loses her hearing totally when attacked with catarrh or other smart indisposition. The aged frequently grow deafer and deafer imperceptibly to themselves, marking the participation of the failing sense in the progressive wearing out of the whole frame.

Very little certain knowledge has been obtained of the proximate causes of deafness, or of the pathological conditions of the parts of the ear after death. Examinations have been very rare. In the museums of the School of Medicine of Paris, Trinity College,

* These disappearances generally coincide with the coming on of some other affection.

Dublin, the University and College of Surgeons of Edinburgh, where the stores of information in morbid anatomy are so abundant and excellent, I found no preparations of importance, except of diseases of the brain, of which deafness was only one of the symptoms. Some few examples are scattered through the medical journals. They exhibit changes of structure, which, for the greater part, from their nature and situation, afford very little prospect of successful treatment of the class of cases to which they belong. The physicians of that extraordinary and magnanimous people the French, with their accustomed zeal and superior perseverance in pathological anatomy, have recorded numerous aural examinations of persons dying deaf. The morbid appearances were chiefly accumulations of pus in the cavity of the tympanum, caries of the bones of the ear, inflammation of the membrane covering the cochlea and semicircular canals, and erosion and opening of the fenestra rotunda. In deafness of a single ear, the membrane just mentioned was found opaque and thickened, and its proper fluid was wanting. (*See Archives, Oct., 1826.*) M. Blandin, supplementary professor of anatomy in the Ecole de Médecine, to whose attentions I am indebted, found in a man born deaf an osiform concretion in the labyrinth, whilst the optic nerve was atrophied to a simple cellular filament. "The most common species of deafness," says the very able pathologist, Professor Macartney, of Dublin, "arises from inflammation extending from the auditory passage to the membrane of the tympanum. An immense effusion of mucus into the tympanum takes place; ulceration follows; the chain of bones is thrown out. The patient is rendered incapable of registering the impressions of sounds; he sometimes feels them too loud, and cannot discern them when low. The impression is produced on the organ without his having the power of regulating it."—*MS. notes of Pathol. Lect., 1829.—J. F.*

All the above changes, and the deafness to which they gave rise, were ascribed to inflammation, in almost every case of a chronic nature. Scanty as are these facts, they bear powerfully and obviously upon the principle of practice to be observed at the commencement of deafness, when only, there is much hope of success. Though aware of the difficulty of investigating structure so minute as the ear, and of the necessity of a practised anatomical hand and pathological eye, I cannot but regret that opportunities are neglected of examining those who die deaf in our large institutions. No private practice, I am sorry to say, can ever afford sufficient opportunities.

One thing is certain, that the morbid action going on in the internal ear and pro-

ducing deafness, does not always extend to disorganization of the parts, or permanent injury of the sense, for I have seen very obstinate and long-continued deafness disappear upon the occurrence of disease of action in another part of the body. Mr. Giller, a young man who applied to me in 1827-8, had been deaf five years in the left ear; he had sounds in this ear like the boiling of a kettle, and a continual discharge from the external auditory canal; the Eustachian tube was pervious. Sometimes he could hear a watch with the deaf ear, at others he was so totally deaf with it, that when lying in bed with that ear towards the door he could not hear persons entering the room. He was liable to constant spitting, and once every three or four months to spontaneous diarrhoea with blood, attended with great pain and weakness. Three weeks before he came he had had spitting of blood, which was relieved by Mr. Avenell. He was subject also to pains in the back and side. After trying other remedies for the deafness some time, he took the tinct. of iodine. The deafness went off, but inflammation of the chest followed immediately, after which, upon his convalescence, the deafness returned. Dr. Parry relates the case of a lady 50 yrs. of age, who, being affected with jaundice, dropsy in two forms, and total want of urine, had also been deaf for two months. Twelve hours before her death her natural hearing returned. "This must be ascribed," says he, "to the diminished activity and fulness of the vessels." He gives another case of noise in the ears and deafness in a lady aged 76 (she lost the noise when in a carriage), with cough, shortness of breath, threatening of suffocation in the night, and swellings of the legs. *She happened to lose thirty ounces of blood by hæmorrhage from an issue and the deafness left her.* (*Pathological Works, Vol. I. p. 356.*) I do for my own part believe firmly that if deafness were treated like acute ophthalmia, with decisive bleeding at its first coming on in plethoric subjects, it might be cured and prevented from establishing itself. M. Lailland observes, "Occasionally in otorrhoea the discharge from the ear ceases in consequence of some other operation going on in the system, as the epoch of puberty, pregnancy, &c., or some pathological fluxion or determination to a particular organ. Sometimes these discharges alternate with attacks of rheumatism, catarrhus vesicæ, hæmorrhoea, &c. In some cases the new disease is so violent that it is necessary to produce a drain near the ear by seton, and to adopt the rigid antiphlogistic system of treatment." No certain rule of practice can be inferred always, or even often, from these spontaneous evolutions or changes of determination.

† Professor Andral, Junr., an authority of the

first class, remarks that though preternatural accumulations and congestions of blood in the capillary vessels may exist independently of organic alterations, they cannot be removed by bleeding or other means, because the local congestion is merely the effect of the exciting cause, and so long as that cause exists, though we leave but one drop of blood in the body, that drop will generally, in despite of all our bleedings, summon the irritating cause and fly to the part affected. It is, therefore, he adds, the exciting cause which we should exclude; the vour to investigate and counteract, a principle so fully recognised by the Italian school as the basis of their counter-stimulant system.

The above facts prove the occasional disappearance of even old deafness, and also show that the diseased action, however protracted or obstinate, is not such as always to produce alteration of structure. The question is, in these cases, in what can the diseased action have consisted? Some say in a nervous affection, but I am disposed to believe it is far more probably in congestion of the venous capillaries. We see a slow, irritable inflammation of the eye, especially of its conjunctival membrane, which continues a length of time, creates some deposition on the iris and retina, but not the same rapid and destructive changes as inflammation from increased arterial action. May not the ear be similarly affected? Congestion is an interesting, and a by no means ill-defined action. After venous congestion of the intestines, we see the veins tortuous, the parts blue and green, like an English snake, and an attempt at effusion of coagulable lymph, with but little effusion and little adhesion; the appearance quite different from those of the same part after acute or chronic inflammation; and we say, this person died in congestion, not of inflammation; but what are the characteristic and discriminating symptoms? There is less pain, and it comes on more in paroxysms. The inquiry is important in relation to the treatment of deafness.

Whatever may be the proximate cause, or pathological conditions, which constitute deafness, no such characteristic symptoms I apprehend, will ever be ascertained in different cases as will enable practitioners to discriminate, with precision, during life, the different morbid conditions to which the internal ear is subject. Most, or all, the symptoms which I have described may occur either together, or at separate periods, in the same case. Indeed the symptoms in every case of deafness are remarkably uniform, notwithstanding the refined distinctions of many scientific and disinterested writers and the pretences of *aurists*, who are mere traders in the diseases of the ear.

Abiding strictly by all that can be known by the operations of the senses of the morbid conditions of the organ during life, and preferring rather to confess my own ignorance than take advantage of that of others, by ascribing these cases to causes of which I can have no ocular or other demonstration, I consider that deafness is divisible, generally, into only two kinds, *deafness with* and *deafness without discharge*.

In cases of *deafness with discharge*, I have observed, that the inflammation only, not the discharge, affects the hearing. The deafness, which is worse during the continuance of the inflammatory symptoms alone, as also the pain and throbbing, which are often in that case very severe, are ameliorated on the appearance of the discharge. The discharge in different cases, and in the same cases at different times, varies in quality and appearance. M. Lallemand says, with truth, that—"The smell, colour, and consistence of the discharge, vary much in different individuals, and in the same individual, under different circumstances."

Deafness, with discharge, is sometimes periodical. In the case of a tradesman's son at Cheltenham, who applied to me, it came on annually. About the middle of the last century, M. Mery published an account of a very severe case of deafness, with discharge, in a girl, which came and departed periodically. The patient, when lying upon the grass, was seized with excruciating pain in one ear, which was followed by paralysis on one side of the face. An insect, like a large grub, was extracted, and other means being used, the girl is reported to have recovered, though small portions of carious bones were discharged from the tympanum.

All cases of deafness without discharge, have received the general appellation of "nervous deafness." The application of this hypothetical term is merely a proof of our complete ignorance of the real cause, seated so deeply and interiorly as they are in the several varieties of deafness, if such there be, and of the discriminating symptoms, if any, by which such supposed varieties are to be distinguished. But under the simple division which I have chosen, those parts of the ear, and its appendages, which come within the scope of actual observation, present none morbid phenomena in deafness worth detailing.

In cases of *deafness without discharge*, the sensibility of the external porch of the ears, and even of the Eustachian tube, is often so much diminished, that the slightest of water, almost boiling, can be borne with pleasure. In passing probes into the tympanum, I have found the mucous membrane of the tube more sensible on one side than the other. So kindly, indeed, is warmth

the ear, that East Indians, in Cheltenham, have told me, that deaf people frequently lose their deafness on arriving in the East Indies; and I have known some of the Company's officers recommend an East Indian voyage to relations to get rid of their deafness. "A chronic discharge from the ears, with inflammation," says M. Lallemand, "is generally diminished under the influence of a dry and warm temperature, exercise, and low living. In simple cases, it will entirely disappear under these circumstances; it is easily renewed or augmented by the reverse, and especially by cold and moisture; too much intellectual exertion, and excesses of the table. Bonet states, that "A nobleman from the climate of Rome, which is very damp to live in, having removed to the climate of Naples, especially on the sea-coast, found his sight and hearing much improved. Indeed, he became perfectly well after going for his recovery to the sulphureous watering-places and to the sedatives (cells in baths for exciting perspiration without washing), which are hot-houses in myrtle groves."—*Synonymetum de Aurium affectibus*, tom. i. p. 435. Mrs. Macklyn, the sister-in-law of the state-surgeon of Ireland, four days before her death, when under my care, had so much inaccessibility of the ears, that she experienced sensations of severe cold from the injection of hot water, till it was raised to a degree at which I could not bear my fingers in it. She had scarcely from a nervous affection of the lower jaws. Quite different is the effect of cold water; it causes painful frigidities, catarrhs, and even an increase of deafness. After warm injections, the rub of cold air is felt more sensibly, and increases the liability to cold. I ascribe to this circumstance that insensibility of the deaf which renders them so generally averse from subjecting their ears to treatment during winter. These phenomena are all explained by the exquisite structure and sensibility of the organ to both impressions, hot and cold.

Enlarged tonsils contribute to deafness even when those glands, in their enlarged state, are not so adapted as to compress and close the Eustachian tubes; for I have found the hearing often improved by the reduction of large tonsils, though they did not obstruct the passage of probes through the Eustachian tubes when at their greatest magnitude. Whether in these cases the tonsils contribute to deafness by defeating the impulses of the air, or by modifying the reverberations of sound in the posterior palate and nares, or by association of function with the ears, or by the relative position of the posterior part of the enlarged tonsil to the Eustachian tube, is not ascertained. In deafness of one ear, generally,

a single gland only is enlarged. It should be understood, that simple tonsillar enlargement in deafness coincides, and is complicated, with other causes of deafness, and that such simple tonsillar enlargement often occurs without deafness. The brother of a respectable druggist here, and another person, lately came to me with tonsils immensely enlarged, without any effect on the hearing. Apparently enlarged tonsils often give rise to dyspepsia and disordered states of the stomach, for I have known those affections yield, in deaf persons, in proportion as the tonsils were reduced to their natural bulk.

Feb. 1831.

REMARKS ON THE MECHANICAL MEANS EMPLOYED IN THE TREATMENT OF FRACTURES OF THE LOWER EXTREMITIES.

By W. H. NEVILLE, Esq., Surgeon.

(With two Plates.)

It often happens in fractures of the leg, where both bones are broken nearly in the same relative part of their shaft, that, whether the limb be laid on its side, in a state of semiflexion, or extended in the straight position, it is found difficult to keep the broken ends of the bones respectively in such accurate contact, as finally to preserve the proper figure of the limb. The weight of the foot, and the hollow form of the leg at its back and lower part, together with the projection of the heel, constitute some of the difficulties both in supple as well as compound fractures, and a reference to the anatomy of the bones as well as of the soft parts will show us that such difficulties are to be expected. In compound fractures too, a necessity may arise for frequent changes of dressings and bandages, and this is seldom accomplished without some disturbance which it would be very desirable to avoid. The absolute necessity of occasionally moving the patient in bed, is another source of disturbance to the fracture, and the pressure of splints against some prominent part of the limb in order to give proper stability to the whole, is a matter very annoying, and very often complained of.

In the endeavour to obviate some of these difficulties, and to fulfil the primary purposes of the surgeon simply and effectually, I have constructed a new sort of splint for the leg, the utility of which I have proved in some very bad fractures, to the satisfaction of several professional friends, besides having received the complimentary testi-

many of other surgeons who have employed the same plan in their own practice. I have shown the splints to many surgeons of great experience in military, naval, and private practice, and in every instance they have expressed the most decided approbation of them, both in regard to the accuracy of their mechanical power, and their ability to meet the pathological requirements of fracture. I am therefore induced to publish this account of them, in the hope that they may become useful auxiliaries in many instances, and I shall be highly gratified to find that a more extensive trial may confirm the favourable opinion which so many have already expressed of them. The plan of the instruments is very simple, and the materials of which they are composed exceedingly durable. Mr. Thompson, of Windmill Street, to whom I have given the plans and any advantages that may arise therefrom, has taken great pains to manufacture the splints neatly, and he has spared neither trouble nor expense in procuring a set of engravings which accompany this paper so as to exhibit and explain the matter pretty accurately.

I need only say, therefore, that the splints are made of iron, and the padding of flannel eight times folded, and enveloped in a cover of linen or of chamois leather. The substance of the under splint, is such as to bear the weight of the limb easily, and yet to bend so as to meet any shape that may be required; the substance of the side splints is almost the lightest that is to be obtained, and such as will enclose the limb laterally with great exactness, and maintain its shape without any painful pressure; the padding is sewed on the splints, through holes bored in pairs at proper distances.

It is thus assumed that a flexible splint with soft and regular padding will perform its office more accurately, and with less pain to the patient, than an inflexible splint and graduated cushion.

Several different sizes will of course be required, to meet the length and width of different limbs from childhood to the adult age, as the object is—to provide a firm and easy resting-place for the limb, additional to the pillow, by carrying a splint at the back of the limb from the point of the toes to half way up the thigh—to retain the limb thereupon in its natural form by fastening the foot and ankle to one end by a figure-of-8 bandage—and to extinguishe for a time the action of the knee-joint, by binding it with a broad linen roller, moderately tight only, upon the other end of the splint, carrying the roller a little below the knee and as far above on the thigh as the splint extends.

The side splint will assist in maintaining the accurate position of the limb, as from their flexible nature they will accommodate themselves to the existing state of the limb,

and having a bearing on the foot part of the under splint, and extending thence above the knee, they will yield an efficient and accurate support in their whole line.

A little oiled silk being laid on the back splint, under the fractured part of the limb, and the eighteen-tailed bandage upon this, the latter may be changed at pleasure by means of a spatula; or what in many cases is easier, the eighteen-tailed bandage may be altogether applied under the back splint, and yet encircle the limb with sufficient power.

This arrangement of the fracture will provide for—

- 1st. The easy and natural position and length of limb.
- 2nd. The necessary change of dressings.
- 3d. Passive motion, without disturbing the fracture.

But as there is a great variety in the nature of fracture, and as all mechanical means are limited in their power, so in those which I have now the honour to submit, there will arise occasional difficulties in adapting neatly the means to the end we have in view.

In putting up a fractured leg, as it is termed, some surgeons make use of an upper splint to lie along the anterior part of the limb. In order to obtain much advantage from this, it should probably extend through the whole course of the tibia; but as the foot rises from the end of this bone, at an obtuse angle, there is often much inconvenience felt by the end of the solid splint pressing against the instep. To obviate this I have suggested a flexible splint, made of very narrow strips of thin metal sewed on a pad, in imitation of the wooden splint. This may be turned up at the end, so as to accommodate the instep, and, as Mr. Thompson manufactures it, the splint has a very neat appearance.

OF FRACTURED THIGH-BONE.—From the diversity of means proposed for the management of fractured thigh-bone, it may be inferred that this accident is a matter of serious consideration for the surgeon, and of this fact every man's experience will sooner or later convince him. Every eligible proposition for managing such cases is, therefore, a matter of interest to him who desires to perform his work neatly as well as accurately. Those who have been accustomed to use the long splint, as it is called (a plan, I believe, emanating from French surgery), and who have witnessed the successful results of its operation, will not readily be persuaded to abandon it, in the majority of cases, for any other means. Admitting then the preference which many surgeons entertain for that instrument, I have ventured to think that the alteration I have made therein will be received as an improvement; such at least is the assurance which

REPLY TO THE LETTER OF "A. J."745

I have received from persons practically competent to offer an opinion.

The instrument described in Mr. Thompson's plate is made of iron and padded throughout, on the simple plan already described; it is strong enough to maintain the length of the limb when duly applied, and requires, like the old splint, the agency of additional short splints to compress the powerful muscles of the thigh. In the construction of the old splint, a separate one was required for each limb; in this of mine the shaft is moveable on the foot-piece, and the instrument is thus convertible into right or left at pleasure. In the old splint a great distress was generally experienced from the pressure of the lateral foot-board, or from the stricture of bandages required to preserve the foot motionless; in mine, by providing an easy and accurate resting-place for the heel and lower part of the leg, and at the same time the sole of the foot having a support accommodated to its shape, the whole of these parts may be bound easily, yet securely, so as to constitute the *grand point d'appui*. The shaft being then added the angle will be received against a soft cushion, and will escape all violent pressure, whatever be the *form or size of the member*. In making the upper point of resistance against the ischium, one end of the bandage, pierced by the hook, may be thus neatly fastened thereon, and the few other turns will be easily received into the sinus which the hook makes with the shaft, and kept secure from slipping. The two principal points for giving the limb its due length being thus secured, it will naturally occur to the operator, that the next part requiring attention will be the centre of the shaft, viz., that in contact with the knee. To those who may prefer wood to iron for the shaft of the thigh splint, I beg leave to say, that Mr. Thompson has manufactured both, having adapted the iron foot-piece to a wooden shaft of the same size as in the old splint.

In conclusion, I may say that I have made a variety of experiments with different sorts of metal, and also with the same metal, in various states of ductility, for the purposes above mentioned, and I have preferred such as are here described. In what I have done, or to simplify such as would admit of improvement, I have effected any thing worthy of imitation in principle, or of adoption in practice, I shall be sufficiently rewarded for the pains I have taken.

Essex, Surrey, Feb. 1st, 1831.

MEDICAL EDUCATION AND GOVERNMENT IN IRELAND.

To the Editor of THE LANCET.

SIR,—I did expect that the letter signed "A. J.," which appeared in a late number of your excellent Journal, would have been noticed on this side of the water, although in many points of view it appears not worth the trouble of a rejoinder. Say what you will of the venerable few in the big house in Lincoln's Inn Fields, their practices, as concerns the student at least, are excellent compared with ours. They have declared the law, and have bound themselves to respect that law, such as it is. Any one producing the qualifications specified in their printed paper, may claim his examination as matter of right, and those claims will be allowed. But *here* there is a *discretionary* power, a *judge-law* to be made for the occasion, which, under similar circumstances, may or may not be allowed as a precedent, without cause shown in either case, where whim or interest can inflict injury on a faultless individual, where the agents are irresponsible, and against whom there is no appeal. The by-laws relating to education begin thus:—"Candidates shall be admitted to an examination for letters testimonial as apprentices, and shall be entitled to the privileges reserved for apprentices, if they shall have been duly registered as such on the College books. Every apprentice so registered shall be admitted to an examination for letters testimonial, if he shall have laid before the Court of Censors the following documents:" Then, after requiring a certificate of a previous examination in classics, his indentures, with the master's certificate, and his bank receipt for thirty guineas lodged to the College account, it continues:—"4th. Such certificates of attendance on the practice of a hospital or county infirmary, and on lectures on anatomy and physiology, surgery, practice of medicine, chemistry, materia medica, midwifery, and medical jurisprudence, and of the performance of dissections, and attendance on anatomical demonstrations, as may satisfy the court that the candidate has had sufficient opportunity of acquiring information."

Such certificates as *may satisfy the Court!* "Aye, there's the villainy," as some one says in the play: there are no specific forms—no specific number and class of certificates for the exclusively privileged. How does this work! in various ways, but always to the advantage of the junta; at least if it is not so, they do not lack the power to make it so at pleasure. A young man, say, indentured to a member or licen-

tiate in the country, produces a certificate for three or four years' attendance on a county infirmary, besides those for lectures, dissections, &c. This infirmary attendance takes so much money from the Dublin Hospital (each of which has its representative in either of the courts), that such practice must be discouraged; he is told he wants one certificate in chemistry (two of which, by-the-by, are required by the laws for non-apprentices); the candidate says he was an apprentice, and did not think he was bound by laws made for others, and from which he was exclusively exempted by the published regulations; he is told the court does not care what he thinks—that he has had his answer. "But," rejoins the despairing candidate, "I sent in my certificate last October, it is now February, and the court have but taken them into consideration, when it is too late to attend the second chemical course this year. I live a hundred miles from Dublin, and I think I will be found prepared in chemistry if now examined." "The court have decided," replies Peter Courtney, the clerk of the College, shutting the door in his face, and denying further parley by the addition of some of that vulgar insolence which he never fails to exhibit to every one who has occasion to speak to him, and thus the candidate has fourteen months longer to wait before he can present himself again for examination! Here is one of the exclusive privileges which the members of the Irish College of Surgeons have permitted to be made law, for the exclusive advantage of that junta or their exclusive favourites. Do I state a thing which may occur? No, I would not insult the public understanding so far. I speak of a thing which has occurred. I speak of a power above the law, of which a junta of seven men have possessed themselves—who, according to certain unmentionable peculiarities of the case, could do irreparable injury to the character and prospects in life to a faultless individual, for a reason which they can waive in favour of, perhaps, a much less estimable person: they can do this, and "say it is their humour;" where is the redress? If they never used this judge-made law, the suspicion is upon them, and will remain so as long as the power remains: they are irresponsible for any injustice in such cases—they are not bound by oath in such cases—their discussions in such cases are strictly private, and the decision in such cases has often been partial and oppressive.

I have but touched the first link of those by-laws, but intend, if you afford me space, to bring more of them before you hereafter.

Yours, &c.,

Nemo.

Dublin, Feb., 1834.

MEDICAL EDUCATION
GOVERNMENT IN IRELAND.

To the Editor of THE LANCET.

SIR,—In a former letter I endeavoured to explain the operation and effect of the system of surgical education by apprenticeship in Ireland. I have now to contrast it with another plan, and, in doing so, to refute the charges of partiality and shuffling brought against the College, by the very persons who has for years been endeavouring to gild its members into the adoption of measures of such a character. The charges to which I allude are contained in a letter published in THE LANCET of the 20th of November, and dated, with befitting state, from Pines Row, Rutland Square. It will scarcely be credited, that the article in which this letter appears, and which teems with such eulogistic praises of the "laudable exertions," "liberality," "pungent reasonings," "discrepancy," "Berlin celebrity," and so forth, of the writer, was actually composed by the party himself, or immediately under his eye. I state this avowedly, inasmuch as a copy of this celebrated letter could not have been obtained from any other source. I may also be allowed to quote the following passage from the same article: "Why does Dr. J. enquire at thought of the publicity of Mr. Carriswell's letter? He can reply to enquire its contents publicly, and I predict he will not." Well, I have replied to confute those calumnies publicly, and how have I been met? By hired scribes and abominable attempts to stifle me and the discussion together, beneath a dunghill of anonymity.

It has been already stated, that the College of Surgeons in Ireland was not established by the first charter to examine any but those who had served an apprenticeship. In 1829 a new charter was obtained, enabling them to grant their diploma to those also who should be educated according to a system to be laid down in future by by-laws. This wise and just measure was agreed to almost unanimously by the senior members of the profession, who unquestionably stated, by doing so, the income derived from the former system. There was, however, one who, if not actually a dissident, gave no cordial assistance towards the accomplishment of the object, but, afraid or ashamed openly to oppose the measure, attempted to embarrass it by prophetic expressions of doubts of its results. Yet did he, the following year, with experienced confidence in the temporary value of a bold assertion, tell the introductory-lecture class, "that he should not say what great effects from these causes spring, but so it was, that after his

introductory lecture of the preceding year," do well to stick to the shearing of their own lamb, which are more docile and have heavier fleeces; in Ireland they will most assuredly meet with great cry and little wool. Let them not suppose that we are so deaf to our own interests as to reject the advantage, distinction, and pride, of being the College of Surgeons of Ireland, or so silly as to drive the pupils of this country to take shelter in other colleges, and thus convert friends and adherents into enemies and rivals.

But let us appeal to facts and to those reasonable laws which have caused so much distress to virtuous legislators. The registered apprentices of the College are required to produce, in addition to the indenture of apprenticeship, such evidence of sufficient hospital attendance as the examiners may consider necessary, as well as certificates for dissections, and attendance on lectures on anatomy, surgery, practice of medicine, chemistry, materia medica, medical jurisprudence, and midwifery. The precise limits of these exercises are not assigned, for a reason to be stated presently. The non-apprenticed pupil is required to produce certificates of an education of six years' duration, of hospital attendance of five winter seasons, or three entire years, of three courses of dissections, three courses of lectures on anatomy, three on surgery, two on chemistry, one on the practice of medicine, one on materia medica, one on medical jurisprudence, and one on midwifery. The charge against the College is two-fold; that, leaving to the apprentice, day have made his education less expensive and less laborious than that of the non-registered pupil. The likelihood of these charges I am now to prove. I will, for example, contrast the expense incurred by an apprentice of the seven-thousand-five-hundred-guinea "pre-ntice-abbotting" introductory-lecture, with that incurred by a non-apprenticed pupil. The former pays in fees to his master 150 guineas, to the College 40; he pays nothing for his hospital attendance, his master being a hospital surgeon. I am at a loss to assign the expense of his dissections and anatomical and surgical lectures, he being quartered on a neighbouring private school at a moderate rate, in consequence of certain unwelcome considerations; it may perhaps amount to about twenty guineas; he pays about twelve guineas for his other lectures, all which being added together, amounts to a sum of £336. 12s. But an apprentice may be educated for a smaller sum than this. If, for instance, he be bound to a gentleman who wishes to enjoy the expenses of his education in those branches in which he, the master, cannot afford him the requisite instruction; he pays two guinea fees, and 40 to the College. But those gentlemen who pretend to take so much interest in our affairs, will

lowest expense of an apprentice's education. The expenses of the non-registered pupil must vary, because the fees paid for instruction are greater in some establishments than in others. The following may be considered a high average. He pays 60 guineas to the College, 50 for hospital attendance, 10 for dissections, 24 for the different courses of lectures required, twelve in all, at two guineas each, total 152*l*. So much, then, for that part of the charge; so much for the imputation that the College has heaped unreasonable expenses on the non-apprenticed pupil, to deter him from adopting any other mode of education than that by apprenticeship. If these figures be correct (and correct I vouch them to be), the apprentice is the person who has the most reason to complain of the unequal allotment of expenses; his education costs him at least forty-eight pounds more than it costs the non-apprenticed pupil.

The next charge is embodied in the reigning epistle above alluded to in the following words:—"The College, instead of laying down one system of education for all classes of pupils, has enacted a distinct system for each, and this is done in such a manner as must convince any disinterested person who pursues the by-laws relating to this subject, that the object of the College is to discourage all pupils from entering into the profession, by any other route than that of an apprenticeship." That charge is as false as the last. The College defines the precise line of education to be adopted by the non-apprenticed pupil, but leaves that of the apprentice to certain extent, to the discretion of the Court of Examiners. Now what is the fact? The College, for a period of 45 years previous to 1829, adopted the system of education by apprenticeship exclusively, the pursuits, habits, and opportunities of the pupils, being notorious; and at a more recent period, the extent and nature of these pursuits being more distinctly proved by the voluntary production of certificates. The results of this very simple plan of education I stated in a former letter. The pupil, unshackled and uncontrolled by laws or regulations defining the precise limits of his studies, adopted, in obedience to custom and opinion, a course of education, in nine cases in ten more extensive and valuable than any laid down by any college in these kingdoms. An experiment, in fact, heretofore untried in modern times, has been made in Ireland, well worthy of the attention of medical legislators. The examiners sit as a jury; the pupil is called upon to afford evidence of capability, which he does as well by his answering, as by the proofs he affords of diligence and opportunity of acquiring information. I am aware that, in other col-

leges, the pupil produces more certificates than those required by the regulations, but in no case has the matter been left so much to the discretion of the parties, and with such good effect, as in Ireland. Now here was a system which, as the politicians say, worked well, capitally well, and was it to be given up in obedience to the whim of any individual, especially of one who phibly showed that he did not at all comprehend the bearing of the question? But there was another reason for not assigning precise limits to the education of the apprentice. The opportunities of instruction afforded by different masters are various; one may be surgeon to a large hospital, another to a small one, or to a county infirmary or dispensary, or he may be a teacher affording peculiarly valuable opportunities in some particular branch. A Court of Examiners might, therefore, if bound by a precise rule, often find that rule inapplicable to a particular case, and be compelled to refuse an examination to a pupil who had enjoyed good, though not the required, means of acquiring information.

The non-apprenticed pupil not being so immediately under the control of the College, or under the superintendence of any one responsible to the College for the direction of his education, has a defined system laid down for him, which system, it is maintained, enjoins exercises much more laborious and protracted than those expected or required from apprentices, for the purpose, as it is said, "of discouraging them from entering the profession by any other route than that of an apprenticeship. I think I have heard that the old King of France, when he wished to console the students of the school of medicine, ordered that they should be allowed credit for a year's study, and I suppose if they had been good boys would have ordered their diplomas without further trouble; but I sorely think that the Irish College is likely to act on the same principle. If there be any leaning to the apprentice, it is assuredly to secure for him a high professional character by the care bestowed on his education, and not to allow any other class of students to go abroad claiming superiority on the best of all possible grounds, a better education.

It is proved by reference to existing documents, that the apprentice, although not compelled by precise regulations to produce the same exact number of certificates as the non-apprenticed pupil, does actually, in the majority of cases, produce more; and it appears now settled, that the education assigned for the non-apprenticed pupil, may be considered the minimum of that expected from the apprentice. I candidly admit that there are some causes which may, in a very

few instances, operate to lower the education of the apprentice, below the scale assigned for the non-apprenticed pupil. A hospital surgeon, for example, may enjoy no other means of instructing his pupils than the wards of his hospital, and may be so ignorant of that only source of instruction, that he may hold it up as an equivalent to every other. For instance, he may suppose that when his apprentice strolls after him in his morning visit through the wards, he is not only learning practical surgery, but chemistry, materia medica, practice of medicine, midwifery, and medical jurisprudence, and that therefore it is altogether unnecessary to attend lectures on such a subject. It is also barely possible that some master may be found who has engaged to bear the expenses of his pupils' education on account of the fee paid, and may consider it waste of time and money that he should attend lectures on the above subject. But these causes can be only temporary and partial in their operation, competition and publicity will soon remove them.

There is one other point which must not be forgotten. The apprentice serves five years, the non-apprenticed six. This it is said is unjust and partial, adding to the facilities afforded the apprenticed, and to the difficulties presented to the non-apprenticed pupil. But the fact is, that not one in ten of the apprentices is examined at the expiration of the apprenticeship. Most of them postpone the examination for six or twelve months, and many for even a longer period. Also, it will surely be admitted, that there is no much value in the opportunities, instruction, and responsibility in practice, afforded by the master to the apprentice, as may be fairly set off as an equivalent to the difference in length of service imposed on the non-apprenticed pupil. Upon the whole, it is quite certain that there is no such difference between the two systems as to deter the pupil from adopting one in preference to the other; on the contrary, the advocates for the exclusive education by apprenticeship, entertain well-grounded apprehensions that the facilities afforded for the admission of those not apprenticed, will ultimately greatly diminish the number of apprentices.

I have now, Sir, endeavoured to show Mr. Richard Carmichael that I "could reply to confute the calumnies" contained in his vapouring letter. I accepted his challenge, but he has fed like a crane from the field, placing in his saddle such an ugly, gaunt, hollow-eyed, leaden-headed spectre, that I must fly in my turn. I will have nought to do with Longman's newly imported Irish Gazetteer. There is one point upon which I must contradict this Phantom

of Medical Literature. He asserts, with true "high-life-below-stairs" assumption of acquaintance with medical men and medical affairs in Dublin, that the profession there is torn by petty dissensions. Nothing but his total ignorance on the subject acquits him of deliberate falsehood! I will venture to say, that there is not a great town in Europe in which there exists a better feeling between the members of the profession than in Dublin, or less of that shabby jealousy which embitters social intercourse elsewhere. The controversy upon which I have been engaged has been reluctantly undertaken, and on public grounds alone, and after long waiting for some one else to perform so disagreeable a duty. I never had the slightest cause on any other account, for a personal unfriendly feeling against the gentleman with whom I have been at issue; and have replied to his personalities *in kind*, in order to deter him and others from attempting to patch up an ephemeral reputation at the expense of other men's characters.

As. J.

Dublin, Feb. 15, 1831.

UNIVERSITY OF LONDON.

ACCOUNT OF SOME RECENT EVENTS IN THE MEDICAL SCHOOL.

To the Editor of THE LANCET.

SIR,—The firm and independent manner in which you have ever advocated the cause of justice, and the interest which you have always evinced for the welfare and prosperity of the medical profession, will sufficiently justify any intrusion of which I may be guilty, in requesting that you will give insertion in your valuable Journal to the following statements, the subject of which is intimately connected with the success—may, even the reputation of a medical school, which, although yet in its infancy, has bid fair, from the extent and superiority of its advantages and facilities for study, to rival the most renowned in this or any other metropolis—I mean that which has been founded in the London University.

Some account of the proceedings, which have been passing within the walls of this institution for the last fortnight, may have fallen within the notice of many of your readers. That reports of the most exaggerated nature, attaching some degree of blame to the conduct of the medical students, have prevailed, there is no doubt, and it is only justice to them that a full and correct statement should be laid before the

public, that their conduct may be exonerated from any imputation which prejudice or misreference may have fixed upon it.

You are already, Sir, aware of the proceedings which were instituted during the last session by a part of the medical students against one of the lecturers upon anatomy, Mr. Pattison. Fully aware of the importance of attaining a correct anatomical education, and equally aware of the inefficient manner in which it was taught in that branch of the department which was under the direction of Mr. Pattison, they came forward in a spirited and manly manner, and sent in a memorial to the Council freely expressing their sentiments upon the subject, and calling upon them to institute such inquiries as might lead to a permanent redress of an evil, so evidently calculated to injure their prospects, and sully the rising fame of this institution.

The Council, however, not being fully satisfied of the validity of the charges brought against Professor Pattison—or perhaps not choosing to enter into the subject in the manner it deserved, or give it that attention it so imperiously demanded—did not take those decided steps by which the grievance could alone be redressed—they contented themselves by agreeing to the suggestion of Professor Pattison himself—that Mr. Bennett should be associated with him in the chair of anatomy—and that those parts should be allotted to him, the inefficient execution of which, on Professor Pattison's part, had given rise to the just remonstrances of his class. Thus, at the opening of the session, the following was the arrangement of the anatomical part—the general anatomy of the tissues, and the descriptive anatomy of the viscera and organs of sense, by Professor Bennett; the descriptive anatomy of the bones, muscles, blood-vessels, and nerves, by Professor Pattison; demonstrations by Mr. Bennett, assisted by Mr. Quain and Mr. Phillip.

With this arrangement the students have, in a great measure, had reason to rejoice; the talented and interesting lectures of Professor Bennett, of whose qualifications and exertions it would be impossible to speak too highly—the attention and assiduity of Mr. Quain and Mr. Phillip in the dissecting-room, and their systematic mode of performing their respective duties, cannot fail to impart to the students that information which it is so necessary for them to possess.

But unfortunately the same economy cannot be passed upon the remaining, but by no means least important, part of the division—that of descriptive anatomy under the direction of Professor Pattison. Whatever may be the professional knowledge or the intrinsic talents of this gentleman, it is but too evident to every one who attends

his class, that he fails in conveying his information in a manner sufficiently impressive, either to excite the interest, attract the attention, or improve the knowledge of his pupils: the consequence of this is easily imagined; both his surgical and anatomical lectures are deserted, and the students either study these important departments of their profession in the libraries of other schools, or they neglect to study them at all.

This unfortunate but undeniable fact, which is so evidently calculated to strike at the very foundation of those grounds upon which this University mainly rests its claim of superiority, has long been perceived and deeply felt by those whom it more immediately concerns—the pupils themselves; but being unwilling to remain longer passive under its unjust and oppressive influence, they came to the determination to perform what they had long contemplated—viz. to send in another memorial to the Council, respectfully requesting them to take the subject into their most serious consideration. In order to carry this object into effect, several meetings have been held, both within and without the walls of the University. At these meetings no investigation was expressed—no party spirit was evinced. Deeply impressed with the importance of the object in which they were engaged, and actuated only and solely by a high sense of duty, both as regarded themselves and the prosperity of the institution to which they belonged, they ultimately came to the resolution of presenting the following memorial to the Council:—

“To the Council of the London University.

“My Lords and Gentlemen,—In presuming to lay before you this memorial, we, the undersigned students of the London University, are sensible of the many difficulties we have to encounter to clear our proceeding from every suspicion that may arise as to the correctness of our judgment, the purity of our intentions, or the sincere desire we have to approach you with the most unbounded deference and respect.

“Your exalted rank, acknowledged wisdom, and unswerving exertion in forwarding the interests of an institution of which we individually feel proud in being enrolled as students, embolden us in the course we are pursuing, and assure us that an investigation of the truth we advance will sufficiently attest the honourable motives by which we are actuated. We have long struggled, my Lords and Gentlemen, between a sense of what we considered due to ourselves, to the interests of this institution, and to him whom these proceedings might affect; and it is not but with feelings of the greatest

pain, that we come to the resolution of re- spectfully soliciting the attention of the Council to the difficulties and disadvantages under which we are placed. Influenced and encouraged by the prospects of a superior plan of education, we have been induced to enrol our names as students of this University; and ill deserved would be the honours already acquired by some of us, and aspired to by others, did we not possess a grateful and just sense of the very ample means of instruction afforded us in every department but those of descriptive anatomy and surgery.

The kindly bearing of Professor Pattison who fills these respective chairs, his urbanity of manner and disposition, we owe and all acknowledge and subscribe to. Truth and necessity, however, compel us equally to declare that, from a want of systematic arrangement of his lectures, from the superficial manner in which he treats of the relative connexions of parts, from the frequent commission of palpable errors, which are left unnoticed and uncorrected, from the absence of every-thing that can give interest to instruction, and from an inaptitude in Sir, what are we to infer from this conduct of Professor Pattison? Does it not indicate a fear on his part of an inquiry into the charges alleged against him, and that the present line of acting was instituted to intimidate his class, and prevent them from signing the memorial? That this is the case, is proved by the fact, that he actually did refuse to sign the certificates of a gentleman who had attended him for two years, and, as can be proved by his fellow-pupils, as diligently as the majority of the class. It may be asked, and naturally enough, why this unjust, this illiberal, I may say ungentlemanly conduct was resorted to. This is easily explained, Sir, when it is known that this gentleman, the evening previous to the day when he applied for his certificate, had presided at a meeting of the students which was held for the purpose of drawing up the above memorial. This, Sir, was evidently the cause of Professor Pattison refusing to sign his certificate; he was the first to whom a refusal had ever been made, and surely it must be considered by every impartial observer as unworthy the dignity of a professor, or the character of a gentleman.

These proceedings could not fail to excite the indignation of the class against the professor, and there was certainly now arisen more of party feeling than had before existed; but as Professor Pattison had commenced personal hostilities, so he seemed determined to continue them, and endeavour to intimidate the fearful, or prevent the vacillating, from the performance of their duty; this is shown by the events which I am about to relate, and which certainly do not reflect much credit upon the pro-

“My Lords and Gentlemen,
“Your obedient servants.”

essor, whatever they may do upon the pupils.

At the first lecture after Professor Pattison had given notice that he should call over the names of his class, there was a more numerous assemblage of pupils than usual, some drawn by curiosity, and others by the rule which he had given notice that he should enforce. Upon coming into the theatre he immediately requested that those pupils who were seated on the top row of benches, should come down into the body of the theatre; this being done in a rather peremptory manner, there were some who did not choose to obey it, and three gentlemen remained; he then spoke to them in a still more commanding tone, but they still remained where they were seated; he then insisted upon them coming down, but with as little success as before. Upon this he, with considerable warmth, observed that either the pupils or himself should be master in that theatre, and that he should not again lecture until the question was decided by the Council, and so saying he withdrew.

This was the first open expression of feeling on both sides; but whatever may have been felt by the professor, it is certain that the pupils felt still more indignant at his conduct. By ordering them to sit in what part of the theatre he thought fit, he had committed a gross and unwarrantable outrage upon their liberty as men, and their feelings as gentlemen; he had broken through that bond of courtesy which ought to exist between the lecturer and his pupil, and he had evidently assumed a privilege in doing so to which he had no just claim.

In the evening of this day, he placed a notice in the cloisters to the following effect:—"That as he did not wish that any of his pupils should be deprived of the benefit of a single lecture, owing to the *insubordination* of a few individuals; he should again meet his class at eleven o'clock the following morning." The pupils feeling that the arbitrary conduct of Professor Pattison had directly insulted their fellow students, were determined to prove their right and independence to act in what manner they thought fit in the choice of their seats, and accordingly between forty and fifty of them took possession of the top seats at the usual hour appointed in the above notice. Mr. Pattison again immediately ordered them to come down into the interior of the theatre: this they unanimously refused to do, and the consequence was, that the broule was ordered to come down and give him the name of each gentleman. This was done amid the strong marks of disapprobation of this class. The list of names was that day sent into the Council, and the result was the following resolution:—"That owing to the representations of Professor Pattison, of the

gross *insubordination* of a certain portion of his class, it was resolved that those gentlemen, whose names had been sent in, should be suspended from Professor Pattison's lectures on anatomy and surgery, until further notice!" This resolution was next morning put into force by the headle's verbal information, referring those gentlemen who were suspended to the warden for an explanation. All the headles in the University were collected at the door of the lecture room to enforce this, should it be requisite, and to *prohibit* Mr. Pattison from the intrusion of his *insubordinate pupils*! And some gentlemen having again the spirit to take the top seats, and refusing to leave them, he actually ordered the headles (who are special constables) to do their duty! But why, it may be asked, did the students submit to this insult? Why did they submit to the injustice of being excluded from their lectures? It was, Sir, because they did not choose to follow the example of their professor; they did not choose to disgrace a cause in which they knew they were supported by truth and justice—by pursuing any violent measures; they immediately sent in another memorial to the Council, which was convened for Saturday last, expressing to them their feelings upon the subject, and calling for an inquiry into their conduct, and into the causes for which they were excluded from their lectures. This appeal received the attention of the Council, and many of the pupils who voluntarily attended for the purpose, were called into the council room, and allowed to state their version of the proceedings which had occurred; the result of this was a resolution of Council to the following effect:—"That the students be immediately re-admitted to the classes of descriptive anatomy and surgery."

Such is a faithful account of the scenes which have lately taken place within our walls. Upon them I think it useless to make much further comment; they speak for themselves; and I am sure every impartial observer will allow, that the students have acted with the utmost forbearance. They have endeavoured as much as possible to debase their actions of all party feeling; they have not allowed even the example of their professor to make them averse from the line of conduct which, upon principle, they are pursuing; and, firmly convinced of the correctness of their judgment, they are resolved that nothing shall deter them from proving their right to complain of the incompetency of a professor—from proving their right, if requisite, to demand that instruction which was promised them. The success, the reputation of the University, in a great measure, depend upon the decision of the Council upon this subject. It can be

proved, that upwards of thirty students have left the school to attend other anatomical and surgical lectures; and does not this, Sir, speak more than volumes that I could say upon the subject? There is not a pupil in the University who does not feel proud in mentioning as his preceptors, the name of a Bennett or a Grant, a Thomson or a Turner, a Davis or a Conolly; and surely, Sir, there are other lecturers, men of eminence and talent, by whose appointment to the chairs of anatomy and surgery the splendid hopes of the London University might be realized. It might then fear no competition; no rivalling would then dim its lustre, or detract from its merit, for it would be founded upon the talent and the industry of those who have devoted their lives to the cause of science, and to the benefit of mankind. I have the honour to be, Sir,

Your very obedient servant,

A SENIOR STUDENT OF THE LONDON
UNIVERSITY.

London University, Feb. 22, 1831.

TWO CASES OF

OSTEO-SARCOMA.

By JAMES DOUGLASS, Esq., Surgeon.

To the Editor of THE LANCET. Sir,—Should you deem the following cases of osteo-sarcoma of sufficient importance, I shall be obliged by your giving them a place in THE LANCET. I consider the first case interesting in a practical point of view, by showing to what an extent the disease may proceed and affect the adjacent soft parts, without rendering the operation inadmissible, and by showing how little danger is to be apprehended from hemorrhage, even when no precautionary means are used to prevent it. I remain, Sir, your obedient servant,

JAMES DOUGLASS.

Quebec, Nov. 27, 1830.

CASE 1.—Archibald Mackinnon, a stout, healthy-looking man, of light complexion, and 46 years of age, applied to me in December, 1826, on account of a cancerous ulceration of the right half of the lower lip, which he said had existed eighteen months, and for which different remedies had been used externally and internally, without in the least checking its progress. I recommended the removal of the diseased part, which was done the following day. A triangular portion embracing half of the lip was removed, the edges were brought together by two stitches, and the wound healed by the first intention.

During the following year, 1827, I saw him repeatedly, he enjoyed good health, attended diligently to his business (that of Stevedore), and there appeared no tendency to return of disease. In February, 1828, he

pointed out to me a tumour occupying a situation between the fangs of the last molar tooth and the base of the lower jaw; it was about the size of a split hazel nut, and gave no pain on pressure; he referred it to a blow received on the part with a crow-bar two years before. Considering it to be a case of osteo-sarcoma, I recommended the removal of the tumour together with the portion of bone to which it was attached, but to this measure he would not consent. In May the tumour had extended in every direction, and had greatly interfered with the opening of the jaw; the submaxillary and sublingual glands were enlarged and indurated, but moveable, and an opening had formed at the fangs of the second molar tooth, from which he daily squeezed out a quantity of very offensive cheesy matter, occasionally intermixed with minute spiculæ of bony matter. In August the jaws were firmly closed, the glands on the right side were greatly enlarged, and firmly attached to the bone. The integuments covering the tumour were very thin, and in one place ulceration had taken place, and from the opening the cheesy matter was subsequently discharged; his general health had begun to suffer, he had become emaciated, and passed sleepless nights. In December Dr. Caldwell saw him, in consultation, and as the only chance of prolonging his existence, urged him to submit to the operation, to which, after some delay, he consented, and then suddenly became extremely anxious to have it performed. The tumour at this time extended from the right incisor to the angle of the jaw, the external ear was pushed backwards, downwards the tumour reached to within two inches of the clavicle, and by removing two molar teeth which lay loosely embedded in the diseased mass, the finger was introduced into the mouth and the tumour found nearly filling it, pushing the tongue upwards and to one side. The submaxillary and sublingual glands did not seem consolidated, though both were firmly attached to the bone, and the latter involved the base of the tongue.

On the 20th of January, 1829, I proceeded to the operation, assisted by Drs. Caldwell and Painchaud, and in presence of Messrs. Pearson and Nowland, students. The patient being seated with his head reclining a little backwards, and supported by Dr. Caldwell, an incision was made from the left commissure of the lips to the base of the jaw, this incision was continued along the base to the angle, another incision was then made commencing above the zygoma and continued downwards, crossing the last at right angles, and extending two inches further down the neck. The flap thus formed, consisting of the whole of the cheek and lower lip, was dissected from the surface of the tumour and thrown upwards; during this

stage of the operation the coronary and facial arteries were in succession divided, and the bleeding promptly arrested by Dr. Painchaud, whose ready and effective assistance mainly contributed to the success of this part of the operation, for, independently of the vessels under his fingers, the whole exposed surface of the tumour bled profusely. The flap being held up, the left incisor was extracted, and the bone very readily sawn across by means of the common saw. The origin of the masseter was then divided, and the temporal muscle freed from its attachment to the coronoid process, the difficulty of accomplishing this was much diminished by the previous division of the bone. The lining membrane of the mouth being separated from the bone, as well as the morbid attachment of the glands, the symphysis was pulled outwards, the pterygoid muscles divided, and the bone dislocated and removed, having the greater part of the parotid adherent to it. On dislocating the bone the patient fainted, and, being reclined, was in momentary danger of suffocation by the insinuation of blood into the larynx. On his recovery the remainder of the parotid was dissected out; the submaxillary was then removed, but being much enlarged and extensively attached it was found necessary to tie the external carotid; the sublingual was then removed, by cutting it and the muscles surrounding it, from the base of the tongue, and by dissecting out a prolongation which was firmly united to the right side of the thyroid cartilage. The ulcerated portion of cheek was finally removed.

Before dressing, the wound presented an appalling appearance; the upper jaw, tongue, larynx, and pharynx, were exposed; the pterygoid processes, the mastoid and styloid processes, were cleanly dissected. The wound was dressed by retaining the edges together with sutures and slips of adhesive plaster, after which he walked firmly, and without assistance, to bed.

21. Had passed a tranquil night with some hours sleep; pulse 108; slight thirst; the lower lip was livid, and its circulation seemed very languid.

24. On removing dressings, found the corner of the lower lip had sloughed, the rest of the wound, with the exception of the part whence the ulceration of the cheek had been removed, healed by the first intention.

27. Performed the operation for hare-lip to remedy the loss of substance by sloughing, which succeeded. From this period he continued daily to improve; on the 15th day from the operation he walked out, and on the 27th day he returned home, a distance of two miles from the city, much fatter, healthier, and more comfortable than when he entered it to undergo the operation.

During the summer, until the beginning of October, he worked hard at his business and without any appearance of return of disease, although he had difficulty in speaking loud in consequence of the existence of a sinus when the ulcerated portion of integument had been taken away. In October, a gland situated over the right clavicle inflamed and suppurated, and soon after the left submaxillary gland inflamed and suppurated freely. In February, 1830, matter had formed behind the mastoid process on the right side, and a sinus extended upwards under the zygoma, from which a copious purulent discharge issued. In March he was confined to the house with difficulty of breathing and cough, and considerable weakness. In May, about twenty ounces of arterial blood were suddenly lost from the sinus under the zygoma; from this time he failed rapidly, his cough and the accumulation of matter in his mouth kept him constantly awake. He lingered on until the beginning of July, and died suddenly, apparently from suffocation occasioned by the entrance of matter into the windpipe. His death was not known until, owing to the extreme heat of the weather, putrefaction had far advanced, and become such as to render a post-mortem examination of his body impracticable.

CASE 2.—John Glover, a robust, healthy-looking farmer, 28 years of age, consulted me respecting a tumour on the right side of the lower jaw, which he said had existed nine months, and was latterly increasing very fast. On examination I found a tumour as large as a walnut, very firm and resisting, involving the fangs of the three molar teeth, and covered by the anterior portion of the masseter muscle, the jaws were closed so as with difficulty to admit of the insinuation of the bowl of a tea-spoon between them; there was some though not great pain on pressure; I removed one of the molar teeth which was carious, its extraction was followed by considerable hæmorrhage, but nothing satisfactory could be learned respecting the state of the jaw. Having called Dr. Caldwell, assistant-surgeon of the 15th Regiment, in consultation, it was resolved to try the effects of iodine externally and internally; the patient was accordingly supplied with a quantity sufficient to last a month, and went to his home, a distance of sixty-five miles, with the intention of returning again after the lapse of that period of time. On his return, on the 17th of September last, the tumour was found to have increased in size, and the jaws to be more firmly closed; when, he being very anxious, it was determined to remove the tumour and corresponding portion of jaw-bone on the following day, with the assistance of Dr. Caldwell and Mr. Durnford. The patient

being seated, and his head reclined backwards, an incision was made extending from the chin to the angle of the jaw, and a second from the anterior part of the zygoma to the angle, this triangular flap was then dissected upwards from the surface of the tumour, which was found to consist of a dense semi-cartilaginous structure with bony deposition; the lower edge of the jaw-bone being found to all appearance perfectly healthy, it was proposed by Dr. Caldwell to endeavour to save sufficient to serve the purpose of a natural splint by which the divided ends of the bone would not only be kept from approaching each other, but the cheek also from falling in. Acting on this suggestion, the connection of the masseter with the jaw being removed, the latter was sawn nearly through, and so far back as to include a portion of the lower part of the ascending plate. In making this section considerable difficulty was experienced; the bone was again sawn almost through behind the small molar tooth, and by means of a fine Hey's saw; the two sections were united by an horizontal one, and the tumour and portion of jaw-bone to which it was attached, removed together. The portion of bone left by this mode of operating, was the inferior edge of the jaw, and was about the one-eighth of an inch in depth. Great care was used in making the horizontal section, being apprehensive of fracturing the portion it was intended to save. The wound externally healed by the first intention; extremely little deformity was produced, and Mr. Glover returned home on the ninth day from the operation.

He has not visited Quebec since. I heard from him four days ago; he was quite well, and the trifling paralysis of the right side of the mouth, occasioned by the division of the portio dura in making the second incision, was diminishing.

ON
WELL-TIMED BLEEDING.

By THOMAS JEFFREYS, M.D., *Leicester*.

Perhaps there is no point in the whole range of medical practice, which is sometimes loaded with greater doubt and difficulty than the abstraction of blood about the crisis of inflammatory diseases of vital organs; and in no instance does the physician evince greater proofs of critical acumen, and accurate observation, not only as regards the propriety of the step, but also as to the extent to which it should be carried, than when he has recourse to such a remedy, and its effects prove favourable. In no disease is it more promptly and

vigorously called for than in pulmonary inflammation, which is so apt in large towns to be changed in its character by typhoid debility. The treatment of this disease may almost still be considered as the "opprobrium medicum." Notwithstanding this, I almost shudder when I daily see and hear some of our junior brethren confidently express opinions on the nicest practical points with an affectation of unerring certainty, while men who are deservedly at the very summit of their profession dare only hazard a cautious conjecture.

With these brief prefatory remarks, I will endeavour to illustrate what I have hinted at, by giving an outline of a few cases, which have mainly called forth what I wish to convey. I say an outline, for I could be much more minute in my detail of them, from the materials in my possession, were it not that prolixity might prove irksome to the readers of your Journal.

It is now full thirty years since (when a medical practitioner in the environs of London) I had an opportunity of attending a patient with (the now venerable) Dr. Babington, in a case which made such an impression upon my mind, that I have often referred to the fact to prove, by what a slender thread medical skill and medical reputation may sometimes be suspended. The case I give from memory. Mrs. W., an old lady about 73 years of age, of very spare habit, had a severe attack of pneumonia, which required all the skill and practical tact which Dr. Babington was then well known by me to possess. When the crisis of the disease was close at hand, it became a matter of fearful doubt whether the active treatment which had been employed would terminate the inflammation favourably, or whether effusion into the cavity of the chest, or typhoid debility, would supervene and obliterate all hopes of recovery. A few hours before Dr. Babington's evening visit, such urgent symptoms came on as induced me to apply leeches on the change for the worse, that he proposed the immediate removal of the leeches, under the impression that the patient was "in articulo mortis;" they were accordingly instantly taken off, and a placebo was prescribed. On the following morning, instead of finding our patient dead, as we fully expected, there was such a change for the better as permitted us to cherish every prospect of recovery. Nor could we solve this singular enigma until we were told that both the body and bed-clothes were deluged with blood, which, upon more close examination, we found had proceeded from a single leech-bite. This had continued to ooze during the whole night, unaltered by the

patient and unobserved by the attendants. The gradual and continued evacuation of blood was evidently the sole means of subduing the inflammatory action, without occasioning such debility as half a dozen leeches at once applied might have effected, and afforded us the gratification of witnessing a recovery when we were tremblingly apprehensive that an unfavourable construction would have been put upon our practice, had she died soon after the leeches were applied.

The next case I have to record is one which I attended with the late Dr. Vandenberg of this town, expressly for the purpose of determining how far further bleeding was to be had recourse to. The patient was a gentleman, aged 54, of regular habits, subject to a chronic cough, who had been ill seven days. The complaint commenced with a nephritic attack, for which bleeding, purging, and demulcents, were used with good effect; but as the nephritic complaint subsided, the pectoral affection commenced, as if by necessity, and increased to a high degree of pulmonary inflammation. A second copious bleeding was again prescribed, but with only temporary relief; and although the pulse was at 120, it was more feeble than full, which, together with the state of the tongue, cough, and dyspnoea, threw a fearful doubt upon further venesection. I, however, urged its use, and with similar good effect, for from that moment all unfavourable symptoms declined. We continued our attendance for a fortnight, during which time we found it necessary to modify our antiphlogistic treatment. This proved successful, and although five years have now elapsed I have never heard that this gentleman had any return of his complaint.

In the year 1834, I was sent for to Bangor in North Wales to a similar case which had been skillfully treated by Dr. Mason of Carnarvon, and Mr. Roberts of Bangor. The patient was a young gentleman, *sciat.* 10, who had been ill of pneumonia for eleven days; he had been once bled freely, and had had four dozen of leeches applied; the same difficulty, as to the propriety of using the lancet, was here also felt, more especially on the part of Dr. Mason. The case appeared to call for judicious caution. I had, however, no hesitation in urging Mr. Roberts to venesection, which was repeated with good effect after a lapse of three days. This patient, however, had a tedious recovery; it was some months in effecting; and although I continued attendance upon him at Wrexham with Mr. Griffith, an intelligent surgeon of that town, it would be trespassing on your readers to give further detail.

I come now to relate another instance which occurred to me so late as the last

month, where I attended with Mr. Houghton of this town; and the patient being our mutual friend, we took a more than ordinary interest in the case. Mr. H. met with a fall upon the steps of his door during the first week of January 1831, which shook him much, and for which leeches were applied to his side. Some cooling physic also was given, which entirely removed all inconvenience. But he imprudently exposed himself to inclement weather without a great-coat, and was, on the same evening, attacked with pneumonia, for which he was bled to twenty ounces, was purged, blistered, and had febrifuge medicines given him by Mr. Houghton. It was not till the sixth day of the disease that I saw him, when I found his mind very irritable. Pulse only 60, and intermitting; his tongue thickly coated; much dyspnoea, but little or no pain of the chest. In addition to antiseptic, digitalis, and salines, he had twelve leeches applied to the chest, and the next day we found him relieved, with less bronchophrenia, but his pulse was so fallacious, both as to strength and frequency, that no opinion could be formed from it; and had it not been for the use of the stethoscope, we should not have been able to judge of the action of the heart at all. This instrument, however, never failed to convey a sensation of a high degree of action of the heart and arteries, which the feebleness of the pulse at the wrist never allowed us to suspect in the most distant manner. But I did not feel satisfied, and more than once proposed venesection to Mr. Houghton, who, however, knowing the irritability of our patient's mind, and having a well-grounded dread of typhoid debility in such cases, induced me to yield to his fears, and the maturity of his judgment and experience. The good effect of our antiphlogistic plan and decision was further confirmed by a gradual abatement of those symptoms which indicate danger, the state of the tongue, the skin, respiration, and bloody expectoration,—except the peculiarity of the pulse being both feeble and intermitting, while the action of the heart was vigorous. Being thus carried on to the sixteenth day of disease, he felt himself so well as to think of sitting up; the severity of the weather, however, induced him to take his dinner in bed, which he did with a greater relief than he had experienced for weeks—but almost immediately afterwards he suddenly expired.

Permission being given to inspect the chest, we found the heart quite healthy, but the lungs a mass of disease, congested with blood, and of a dark hepatised colour, with an effusion of bloody serum into the cavity of the thorax to the extent of at least a full pint, which at once accounted for his sud-

den death. I must own that I regretted in this instance I had not more warmly urged the use of the lancet, although there may be well-grounded doubts whether it would have saved our irritable patient. The following case, however, has somewhat relieved my regret, if not my doubts.

On the sixth of this month I was requested to visit a Mr. P., ætat. 55, attended by Mr. Shaw, a surgeon of this town. He also had been ill for seven days, and his complaint had arisen, as in the case of Mr. T., at a time that he was convalescent from a slight bronchial inflammation, to which he was much subject. I found him labouring under sharp pyrexia, with a full pulse, 80; tongue greatly coated, and inability to lie horizontally. In this instance I urged venesection, perhaps with greater determination on account of what I had witnessed in Mr. T.'s case, and my wish was instantly complied with by Mr. Shaw. Only twelve or fourteen ounces were however directed, filling three tea-cups, in each of which very strong inflammatory action was conspicuously indicated, being both cupped and bled, as is usual in every species and variety of pulmonic inflammation. He felt immediate relief. He was ordered antimony, with digitalis, and a saline mixture, which he took steadily; but in the morning we found him labouring under such a typhoid debility, as left no doubt of the speedy termination of life, and allowed no time for further remedies. He died about four o'clock P.M.

Inspection of the chest was here also permitted. We found the heart sound but small. Marks of inflammation were evident in the upper part of the right lung, but the whole of the left was pregnant with it; there was no effusion, but there were such strong adhesions of the *plura pulmonalis* to the *plura costalis*, that the hand could scarcely be introduced between them, and it required great force to separate them; this was, evidently, the effect of former disease. The branches of the bronchial tubes were cartilaginous, almost to ossification. In pursuing my inquiries as to the habits of this patient, although he was not accustomed to intemperance in drinking, I had some reason to think his situation in life exposed him occasionally to the temptations of liquor, and although these may have been slight and not frequent, I am inclined to believe that his debilitated constitution was unequal to the effect, and that this may have been one cause why bleeding in this instance had not its usual good effects.

Bold Street, Liverpool,
Feb. 14th, 1831.

MR. QUAIN'S REPLY TO A CHARGE OF PLAGIARISM.

To the Editor of THE LANCET.

SIR,—I have just read a letter in THE LANCET of this week, arraigning me on a charge of plagiarism. There is in this production so much personality, and the style of it is so totally unlike that of a dispassionate person, that I shall take leave to consider it as divisible into two parts, viz., the matter and the manner. With the latter I shall have nothing to do; any notice of it by me would necessarily lead me into a mode of expression too nearly a-kin to that which your correspondent employs. I feel very little disposed at any time to follow such an example. I shall confine my reply to the matter of the letter, and the allegations it puts forward; merely promising that those persons are generally foremost to cast imputations of "fraud and falsehood" on others, who feel conscious that they are capable of dealing in both themselves.

The object of the paper alluded to (if that can be called a paper which was merely a statement made orally, and not read), was not to communicate original information. Debating societies, which do not publish transactions, are not the places generally selected for making original communications;—its object was merely to excite discussion, and lead to an interchange of opinion amongst the members. The subject in the first instance proposed to be discussed, was, "the circulation in the brain—its peculiarities," and this was the question announced from the chair. Finding, however, as I entered upon it that anatomical details did not attract attention, and therefore did not seem likely to lead to a discussion, I passed on to the second question,—“Can inflammation exist separately in the brain and its investments, both being supplied by the same vessels, and can such inflammations be distinguished during life?” This question I did not intend to dwell on,—I introduced it merely in order to lead to another on which I was anxious to canvass the opinions of the members. Assuming the second question to be answered in the affirmative, and supposing that inflammation can exist in detached parts of the brain, and that these parts happen to coincide in situation and extent with the organs indicated by the phrenologists, “do the symptoms and progress of such inflammations determine anything for or against the doctrines of the phrenologists?”

You are well aware that in such matters the discussion frequently turns on some individual point, to the exclusion of the rest. Though the first and third were the questions to which I felt anxious to call atten-

tion, the second being introduced merely as preliminary to the third, still it alone excited interest amongst the speakers, and as the intended purpose was answered, that of exciting discussion. I did not interfere to change the current of it.

As to the charge of plagiarism which has been made in such harsh and uncivil terms, it so happens that I am the very last person in the community that could have ventured to appropriate the opinions of Lallemand or Martinet, relative to the point of diagnosis in question. I some years ago published an edition of Martinet's Manual, which contains a summary of his Essay on Arachnitis; and in some of the notes I have given the diagnosis which Lallemand draws between arachnitis and cerebritis; this book has gone through three editions, and it is read by most of the junior members of the profession, and by not a few even of the seniors. (See Manual of Pathology, p. 158.) Though this diagnosis has been given by Lallemand, it has not received a general, much less a universal, assent; it does not accord with the experience of Abercrombie; it is still disputed, and therefore may form a legitimate subject for discussion in a medical society, where members have an opportunity of stating the result of their observation, and supporting that side of the question with which it accords.

I believe it will not be deemed going too far to say that if "fraud and false pretences" have crept into this matter, they did not originate with me, nor do they rest with me. I consign them back to the source from which they have flowed, and with them the inscription so appropriately chosen. Each of us will then stand in his proper position as each resumes his own,—"*Sum cuique*."

I am, Sir, your very obedient servant,
JOSIAS QUAIN,
14, Compton Street, East,
February 27, 1851.

P.S.—I think it right to add that I had nothing to do with the publication of the report of the debate in the Westminster Society, nor did I in any way sanction or authorize it.

as far as regards Sir C. Scudamore and myself, is most grossly false.

That several members of the medical profession, both physicians and surgeons, do occasionally honour me with their recommendation I am proud to acknowledge, and I hope in all such cases without disappointment to the public, as to the faithful preparation of their prescriptions; but I do most unequivocally assert, that such recommendation can in no instance have been produced by such unworthy motives as are but too plainly insinuated to exist by the writer of the article to which I allude. It would be paying but a bad compliment to the physician in question, were I to imagine that his conduct required any vindication beyond the simple declaration I have just made.

I remain, Sir, your obedient servant,
A. GARDEN.
Feb. 17, 1851.

MEDICAL SCHOOL, ALDERSGATE STREET.

ANNIVERSARY DINNER.

THE Anniversary dinner of this Institution was held on Friday, the 16th ult., at the London Coffee House, and was attended by a very numerous assemblage of gentlemen, Mr. JOSIAS QUAIN in the chair.

The cloth being removed, and the usual loyal toasts drunk,

THE CHAIRMAN proposed, "The Aldersgate Street Medical School." Gentlemen, this day reminds us of the past and points to the future, and judging from the present, I say the future will be prosperous. It is in meetings like this that we recognise, at a glance, the peculiarities of our system,—not chilled down to the cold formality of official duty, but carrying with it all the zeal and the warmth of personal friendship. It is a fact deserving of particular notice, that in this country the means and the management of medical education have at all times been left, like our trade and our commerce, to the exertions of individuals, to our own private resources. Elsewhere, more particularly on the Continent, the means are provided by the state, and are disposed of according to some fixed and methodical routine. Here we study the wants of the community and seek to supply them, no stimulus to exertion being necessary save that which fair competition can give,—no resources being required beyond those which men of energy and industry can readily command. (Cheers.) Our neighbours on the Continent may appeal to the annals of literature, and point to the many splendid contributions they have inscribed on their pages;

MR. GARDEN.

To the Editor of THE LANCET.

SIR,—Having read in your Number of the 12th inst., an article impugning the honour of Sir C. Scudamore in connexion with my name, I feel it due to that gentleman and to myself most distinctly to declare that the statement therein contained,

our literary men need never shrink from that ordeal; it will prove that they have at all times contributed their full proportion to the advancement and diffusion of knowledge. Our Continental brethren may boast of their Desaulles, their Riches, their Bayers; we can pair off against them our Harveys, our Hunters, our Coopers. They may cite the names of Lavallier, of Fontenay, of Tussaud; we can instance those of Black, of Priestly, of Davy. But is it not restricting these distinguished men too much,—is it not confining them within too narrow a limit, to consider them as citizens of this country or of that merely? Ought they not rather to be considered as citizens of the many countries that are indebted to them for their eminent public services? (*Cheers.*) If the value of systems be estimated by their influence on individuals, on classes, or on the community, we should find no reason to wish that the free and open system of medical education which prevails here should be exchanged for any that exists elsewhere. It never required, or sought for, the patronage of power; it rests for its support solely on the good sense of an enlightened community; it never drew on the public purse, and yet it has raised the character of our literature and of our education to as high a point as they could be elevated in any country, no matter how intellectual or how cultivated it may be. (*Cheers.*) The Chairman then adverted to the convivial and friendly purposes for which they had met; and concluded by proposing “The Aldersgate Medical School.” Mr. Sarru proposed the health of Dr. Clutterbuck, which, having been drunk with applause, Dr. Clutterbuck returned thanks, and observed, that in maintaining and inculcating the principles of medical practice which he had done, and which he admitted were peculiar, he could assure the company that he was guided only by a conviction of their truth and importance. Having said so much for himself, he would take the liberty of proposing the health of Mr. Tyrell, the founder of the establishment. The health of Mr. Tyrell was drunk with enthusiasm. As soon as the applause subsided, Mr. Tyrell heartily thanked the company for the manner in which his health had been drunk. He did not take to himself alone the credit of founding the Aldersgate Street School. Dr. Clutterbuck, his friends Quain, Cooper, in short, his brother lecturers, were all, in common, founders of the School, which must ever flourish, for it contained the seeds of its own prosperity. It was the principle of their system of instruction for the professors to treat the pupils as friends (*cheers*), not confining

their intercourse with their classes to the mere time of lecturing, but rendering themselves accessible at all hours, and this was the source of the success which had attended the school. It fell to his lot last year to propose the health of a gentleman who, he was proud to say, was now present, but who was then absent on account of indisposition. “I mentioned his name (said Mr. Tyrell) at the time, as being that of a gentleman to whom I mostly attributed the success of the Aldersgate Street School. (*Much cheering.*) Gentlemen, I believe it will be found true, that few medical men can be said to be good judges of their own case, and an illustration of this fact is furnished in the person of my friend Mr. Quain. I told you, on the former occasion, that my friend would return, although this was in opposition to his own melancholy foreboding, for I used to receive from him letters filled with the most serious misgivings and the most gloomy expressions of despair; but I replied, that I always thought that St. Patrick had kicked all venomous creatures from the happy plains of Ireland, and I only wonder that the knowing saint had forgotten to kick out the noxious reptiles called the “blue devils” from the same country. (*Cheers and laughter.*) Now, Gentlemen, whether or not my friend Quain made a tardy petition in this matter to his patron saint I am unable to tell you; I am only glad enough at the assurance, that he is here amongst us in health and strength. Gentlemen, I can with truth assure you, that if there were nothing else to repay the trouble I have had in my share of the task of founding this school, the acquaintance and co-operation of such a man as Mr. Quain would be an ample recompense for all. During the few years that I have known him, I have learned the sterling and sound qualities of his heart, and feel for him the attachment that is due to a sincere and kind friend. Let us then, Gentlemen, drink if you please, to the continued health and success of our excellent Chairman. (*Applause.*) The Chairman returned thanks in the following words:—I beg you to accept my most sincere acknowledgments for the manner in which you have received the mention of my name, by my respected friend Mr. Tyrell; to him I feel deeply indebted for the terms in which he has noticed it, and to you for the way in which you have responded to his feelings. You have added another to many previous obligations. One of the highest you could have conferred on me, was that of placing me here this evening as your representative; an honour which I the more sensibly feel, considering the occasion on which it is conferred—the anniversary day of the institution of which we are members; an institution within which

power or authority can confer no place,—influence no station. (*Cheers*.) Place and station depend solely on your suffrages, and can be retained only so long as your confidence and esteem are merited in private as well as in public.

The healths of Messrs. T. J. COOPER, ROBERTS, WALLER, and EVANS, were respectively proposed by Messrs. Williams (of Birmingham), Park, Froissel, and Quin, students, and the toasts were received with the warmest cheers.

Toast, “The pupils of the Aldersgate Street Medical School.”

Mr. BARNES shortly returned thanks. He said, that the pupils would, indeed, be very ungrateful, if, treated as they uniformly were by their lecturers, they did not act in a manner to deserve the approbation of the latter. (*General cheers*.)

The CHAIRMAN then proposed “The Metropolitan Medical Schools,”—the branch banks of the great treasury of knowledge. The toast was drunk with great applause.

Mr. RICHARD QUAIN having been loudly called on, returned thanks in a forcible speech.

The next toast was “The Private Schools of the Metropolis,” for which Mr. COSTELLO, the lithotritist, in compliance with the general feelings of the meeting, returned thanks. Though a lecturer at one of the private schools of the metropolis, he ventured to presume, that it was his humble services in the cause of lithotripsy, which were the real cause of this compliment. He took no credit to himself for skill in performing an operation of such transcendent importance, because he doubted not but that the same opportunities which he had enjoyed, would enable any surgeon to arrive at dexterity. Though devoted occasionally to the necessary details of anatomy, he felt that the promotion of lithotripsy was his first duty, as it was his strongest inclination; and it was not without feelings of peculiar satisfaction, that he formed one of a professional assembly, whose enlightened minds and feeling hearts gave him an assurance, that an improvement, which was alike recommended by justice and humanity, would receive that encouragement from the medical world it had so well deserved. (*Loud applause*.) Mr. Costello subsequently returned thanks on behalf of the visitors.

The CHAIRMAN. Gentlemen, we have a tribute to pay to the members of the provincial medical schools; they are in every way entitled to it. Nothing more clearly shows the equality that every-where exists for the acquisition of knowledge, than the establishment of these excellent institutions;

they are in strict accordance with the spirit of the age. When in every town means are devised for the diffusion of information in the different branches of science, the members of the medical profession must necessarily participate in such undertakings; and if any proof were wanting of the effect and the influence of our system of education, it is abundantly supplied by the now-ascertained fact, that in every town in England there are to be found men capable of lecturing on every department of medical science. What may not be expected from the rising generation, when they can avail themselves of the instruction of such men as Dr. Riley in Bristol, Mr. Cox in Birmingham, Dr. Turner and Mr. Jordan in Manchester, Dr. Forby and Mr. Gill in Liverpool, and Mr. Overman in Sheffield? I propose to you “The Provincial Medical Schools—prosperity to them.”

The toast was drunk with enthusiasm.

Mr. HICKMAN returned thanks, and paid a very handsome tribute to the Birmingham School, of which he was a member.

The CHAIRMAN then said, Amongst our public institutions, there are none with which medical men are so intimately connected as the public charities. If there be any who doubt the beneficial influence of the healing art, let them visit the wards of a hospital, there they will see its influence exhibited on a large scale; and if they look into the registers of these establishments, they will learn what they otherwise may not be disposed to believe, that no order of these possesses stronger claims on the consideration of their fellow citizens, for none give up to the public so much of their time—none confer on the poor so much practical relief. One of the oldest of these institutions is St. Thomas's Hospital; I select it not only because it may be considered a fit representative of its class, and that class the highest, but because I have the pleasure of seeing amongst our visitors, some of its ablest and most distinguished members. This institution is invaluable to the public as a refuge for the sick poor, and to the members of our profession, as a seminary of medical education.

Toast, “St. Thomas's Hospital and its Medical School.”

Mr. JOHN F. SOUTH, lecturer on anatomy, returned thanks.

After proposing the health of “The Stewards,” the Chairman retired at half past eleven o'clock, and was succeeded by Mr. T. J. Cooper, when the hilarity of the meeting was fully kept up to a late hour, or rather to an early hour in the morning.

THE LANCET.

London, Saturday, March 5, 1831.

THE exclusion of naval surgeons from the levees of his Majesty, has produced throughout the profession a degree of excitement and, we may say, of indignation, which was never before experienced. Regarding the impolicy of the regulation, there are not two opinions. That the officers who are thus excluded are men of the highest attainments, have rendered the greatest benefits to their country, are gentlemen both by education and habit, there are none to deny. Neither are there any to assert that they have conducted themselves with impropriety on any occasion, and much less that they have done so when assembled in the presence of their sovereigns. If a general conspiracy had been entered into by men of power to inflict degradation and disgrace on the members of the medical profession, they could not have more fully succeeded in their object than by pursuing the course which has been adopted towards the profession by the government of this country. It were difficult to understand the reason for treating the medical profession with neglect or disrespect, for surely the object in cultivating medical science is one of the highest which can be aimed at in a civilized community. Relief to the sick is not the only benefit which mankind derive from the deeply-traced researches into the nature and organisation of human beings. Physiologists are compelled, even by the demands of their professional duties, to know more of the human mind, to be more intimately acquainted with the springs of its action, and the circumstances which control it, than those individuals who arrogate to themselves the privilege of domineering over a profession, the utility of which they are incompetent to appreciate, and the intellectual attainments of which

they have not the capacity to understand. If we were not distracted by petty jealousies, if we were not tormented and pestered by the all-pervading spirit of grasping medical corporations, our profession as a united body would be incomparably more influential in the state than any other. The public has had ample experience of the value of medical knowledge, and it is by them most fully appreciated. Each member of the profession carries with him a powerful influence in the sphere in which he moves. Individually, in society, we are every thing; collectively, we are nothing. From what cause springs such an extraordinary anomaly? Disunion arising from defective institutions. In London alone, for example, we have three medical bodies, each arrogating to itself peculiar privileges, as regards statute-law and to fiscal regulations. Each college or company claims advantages exclusively for the members attached to its own body, and is utterly regardless of the rights and privileges of the individuals who may happen to be attached to any other institution. Nor is this all; for each institution divides its own "Fellows" "Members," or "Associates," into two classes; the first deriving many benefits and prerogatives which are scrupulously withheld from the second. Thus in the Royal College of Physicians, the "Fellows" only, enjoy the right of exercising the elective franchise, the licentiatee being excluded entirely from taking any share in the management of the affairs of the College—having no right whatever to interfere in conducting the examinations of candidates, to elect the president or censors, or to investigate the accounts.—In the Apothecaries' Company the masters, wardens, court of assistants, and members, have privileges which are perfectly distinct from those of the licentiatee. That is, distinct from those of the gentlemen who obtain a license from the examiners, authorising them to practise as apothecaries in any part of ENGLAND and

WALES; the funds also arising from the sale, or distribution, of these *licenses*, are placed entirely at the disposal of the heads of the Company, or the persons constituting the Court. The candidate having eased himself of the fees, from that moment there exists between him and the Company no personal communication, no kindred sympathy. By obtaining the license he does not become one of the Company, but, in fact, he is merely licensed to practise, as other persons are licensed, but for a different purpose, at *Somerset House*. At the College of Surgeons in Lincoln's Inn Fields, the same narrow-minded and discordant principles are in full operation, but the results are known by different names. Instead of "fellows" "court of assistants," and "licentiates," we have here President, Council, and COMMONALTY, or "members,"—members truly of a most extraordinary body. The Council is self-perpetuating; that is, the individuals composing this junta elect each other. They never appeal to the members for their suffrages, and these latter gentlemen, although denominated members by the Council themselves, and although they are styled the "Commonalty" in the charter granted by GEORGE III., are excluded from every kind of interference in the government of the College, in the examination of candidates for the diploma, in the distribution of the funds, and even from an examination of the accounts. How can institutions thus organized, or, rather, *malformed*, be productive of harmonious action throughout such a profession as the medical? Colleges and companies are pulling in adverse directions; the fellows and licentiates of the same college are opposed to each other; the fellows of one establishment, the council of another, and the Court of Assistants of a third, are all contending for exclusive and peculiar privileges; the licentiates feel indignant at the neglect shown to them, and at the claims to superiority and rank which are set up by the "fellows;" and the mem-

bers of the College in Lincoln's Inn Fields have for years past been subjected to a species of tyranny, which even the most ignorant individuals in the community would not have suffered, without exhibiting the most pointed signs of disquietude and resentment. If the medical profession had been controlled by a government which acknowledged the voice or echoed the sentiments of the whole of that body—which had united in one powerful bond of union the interests of the whole of its practitioners, would there not have appeared, long ere this, a simultaneous movement in all its branches, and in every district, in order to relieve naval surgeons from the marked insult which has lately been offered to them by the agent or agents of royalty? This deeply important subject was brought before the House of Commons on Monday evening last, by that patriotic and inestimable member of Parliament Mr. HUMA. The following is a report of what passed between this honourable gentleman and the FIRST LORD of the ADMIRALTY:—

"Mr. HUMA called the attention of the right hon. Baronet to a subject which had given great pain and offence to a large body of meritorious officers in the navy. He meant the regulation by which warrant officers in the navy were not allowed to appear at his Majesty's levees. In this class were included surgeons, masters, and pursers, but he confined himself at present to the first named. It was of great importance to the naval service to raise the character of its surgeons. They were now a much superior body of men, in point of qualifications, to what they were formerly; yet, let a man be ever so well qualified as a doctor or surgeon, he was now excluded from appearing at Court at Levees. This was an extremely unfair distinction, for he thought they ought to be placed on terms of equality with surgeons in the army.

"Sir J. GRAHAM said, that this subject was the last, in his opinion, which the House ought to take up. It properly belonged to the consideration of the Lord Chamberlain. If it were the object to prevent Levees from being too crowded, he did not know where the line could be better drawn, with respect to the navy, than between officers who held commissions and those who did not.

"Mr. HUMS said there was an inconsistency in the regulation; for a man who was excluded one day as a naval surgeon might, on the next, if his name were struck off, be presented at court, and a case of the kind had actually occurred.

"Sir J. GRAHAM said, that in that case the party would have to send his card a few days previously to the Lord Chamberlain, who would exercise his discretion with respect to his admission."

Of course Mr. HUMS was too well versed in the constitution of Parliament, too well acquainted with the aristocratic and conceited feelings of whig Lordlings, to expect any measure of relief from such a quarter; but he has discharged his duty, and conferred another great benefit upon the profession and the country, in giving additional publicity to the transaction, by bringing it under the consideration of the House. Mr. HUMS has himself been a medical practitioner, and therefore is well qualified to speak upon any occasion which relates to the respectability and importance of our profession. His sentiments, however, little accord with those of the individuals by whom he is surrounded—persons who, for the most part, are indifferent to the wants of the community, and whose views are alien to the opinions of the intelligent classes of society. Why is not our profession adequately represented in Parliament? How can improvements be effected in the construction of medical statute laws, unless there be returned to the House some dozen or two of medical practitioners? The fault rests with the profession. Our conduct in matters relating to the election of members of Parliament has been most criminally negligent. We have been attempting to purify the little streams, but, at the same time, have left the fountains, the springs of corruption, altogether untouched. The discussion of this subject is not, however, properly included in the topic which ought at this moment, almost exclusively, to engage public attention, and we should not have introduced it to the notice

of our readers, had it not been for the purpose of intimating to the members of our vilified, calumniated, and persecuted, profession, that the vote upon the motion now before the House of Commons, will, in all probability, lead to a DISSOLUTION of Parliament—when, should medical men again neglect their interests, and those of their College, by omitting to return a few of their brethren to the House, they will richly deserve all the calamities which may hereafter befall them through the instrumentality of imperfect laws. Medical men only are competent to prescribe adequate remedies for the present defective and rotten condition of the medical constitution. If, therefore, the House reject the whig reform bill, surgeons, physicians, and apothecaries, should instantly prepare for action—prepare in the first place to support candidates who have been educated in medical science, and, in the second place, to support only those non-medical candidates who will pledge themselves to advocate the cause of medical reform; for if the House of Commons be even but *partially* amended, our claims are such that they cannot be resisted, if adequately enforced by competent and sincere reformers. Not mock, pretended, or trimming, advocates, but patriots, who, actuated by a thorough love of their profession, and an unflinching determination not to be diverted from the path of their duty, will contend, at all hazards, and in defiance of all opposition, to claim for the whole of the profession, just laws and equal rights.

To return, however, to naval surgeons. From what has already been stated it is but too evident that these excellent officers have nothing to expect, either from the House of Commons, or from the Lords of the Admiralty, but the language of Sir JAMES GRAHAM, even if it gave no hope of relief, might, we think, have indicated a more *impartial*, if not a more *respectful* feeling. The terms in which the first Lord of the Admi-

rality thought proper to express himself, have added greatly to the injury which has been already inflicted upon these highly-deserving officers. But the honourable baronet may have presumed that there was little danger in treating with neglect a class of gentlemen *whose injuries were treated with indifference* BY THE PRESIDENT AND COUNCIL OF THEIR OWN COLLEGE. Power soon produces active and influential sympathy; but demands for justice made by individuals who are weak and friendless, generate, as Mr. BENTHAM well expresses it, only the "sympathy of neglect." Sir JAMES may have heard previously to last Monday evening of the fact communicated in the following letter:—

"TO THE MEMBERS OF THE ROYAL COLLEGE OF SURGEONS IN LONDON.

"GENTLEMEN,—Having applied to Mr. Keate to learn the decision of the Council of the College relative to the resolution unanimously adopted by you on behalf of our colleagues in his Majesty's Navy on the 14th ult., I have now to inform you that the Council, considering our proceedings to have been 'irregular,' have found it 'impossible' to act upon that document.

"Deeply regretting this impossibility in a case so urgent, I have the honour to remain,

Your faithful servant and confrère,
T. KING.

"10, Hanover-street, Hanover-square,
"March 2, 1831."

After this we may well excuse Sir JAMES GRAHAM for the feelings which he entertains on the subject; but were the members of the College prepared for this announcement? The proceedings of the 14th ult. are fresh in the recollection of our readers. An overflowing theatre of members unanimously voted, that the Council should be respectfully requested to memorialise the Lords of the Admiralty; and the President of the Council, in the presence of the whole assembly, agreed to communicate that request to the Council *officially*. Mark, reader! The Council themselves were then

present, they heard every-thing that passed. They were fully aware of the unanimity which prevailed. They saw the crowded state of the theatre, and were perfectly acquainted with the extent of the request made,—the meeting, he it remembered, having merely petitioned the Council to this effect,—That they, the Council, would apply to the Lords of the Admiralty on behalf of the naval surgeons. Was there any-thing unreasonable in this request? There was no desire on the part of the members that the Council should communicate to the Lords of the Admiralty that the memorial had emanated from gentlemen not of the Council; it was left, indeed, by the members, for the proposition *to appear* to have originated with the President and Council themselves. This was a mark of respect shown to the executive of the College, for it surely were a reproach to that department to have it considered, that they required any stimulus in such a cause from the members of the profession generally. The members were too disinterested in their motives, and were too liberal, to place improper constructions on the motives of others—or to take any credit to themselves for having originated the measure. And now what is the reward proffered in return for the respect they have displayed towards the Council? Why, they are coolly told, that the self-perpetuating junta of the College find it "impossible" to act upon the resolution, in consequence of the "irregularity of the proceedings." Impossibility! Whence does the impossibility arise? The request made by the members was most simple, and most easy of accomplishment; that is, had the Council been disposed to stand forward as the natural champions of the insulted members, or had they been inclined to yield a friendly or respectful attention to the voice of the profession. It was acknowledged at the meeting on the 14th, that the proceedings, considered in relation to those of public meetings in gene-

ral, were somewhat irregular, inasmuch as the gentlemen then assembled had not been convened by public notice expressly with a view to take the grievance in question into consideration, and also from its not having been thought necessary to elect a chairman. But, of course, it was never intended that the "resolution" of that meeting should be laid before the Lords of the Admiralty, as it contained merely a *request to the Council that THEY* would act in a certain manner. As we before observed, the members of the Council were then present, and had a full opportunity of witnessing the feeling which prevailed, and the undisturbed unanimity which existed. The declaration, therefore, of "impossibility," is another added to the thousands of insults with which the members have been visited by this College. If the Council felt for the respectability of the profession, for the comfort, for the happiness, for the honour of the members of the College, would they have waited to be *petitioned* upon such a subject? Would they have hesitated before making application to the Admiralty? Would not their own generous feelings have irresistibly impelled them to take the most effectual steps to relieve from unmerited odium the insulted and calumniated surgeons of the British Navy? Not only, however, do they now declare that they are devoid of such feelings, that they are stimulated by no such desire, but they also announce, that a resolution adopted by a vast assemblage of the members is not sufficient, that even *that* document is not potent enough, to urge them to useful action.

The members, doubtless, gave offence to the worthy and liberal-minded Council, because they presumed to disturb the awful silence, which has so many years prevailed within the walls of the College, by discussing a professional grievance in *their own theatre*. But the spell has been broken, and the members came forward, like honourable and upright men to assert their rights in a place

where they never ought to have remained dormant, and to declare in a voice which could not be misunderstood, that they were no longer the miserable tools of a despicable, dark-minded oligarchy. Having engaged in the contest, will they now tamely submit to defeat? Will they permit their benevolent intentions to be frustrated by men, the pride of whose lives it has been to trample down and oppress those members of an honourable profession for whose protection they were installed in their offices by the law of the land? If the Council refuse to apply to the Lords of the Admiralty, if this body cannot sympathise with the oppressed, is it for the members, who so nobly commenced the work of retributive justice, now to shrink back with dismay, because they are not supported in their measures by the wretched, self-perpetuating junta in Lincoln's-in-fields? No! It is the duty of the members to proceed, and not to allow their ardour to be checked. Their own theatre is still open to them, and as the Council have refused to apply to the Lords of the Admiralty, the members have now only to select a *deputation* from amongst themselves in order to accomplish the object of the resolution which was adopted on the 14th ult. The "lectures" for the session have now commenced; they are delivered on Tuesdays, Thursdays, and Saturdays; the doors leading to the theatre are opened, at 3 o'clock, and the lectures commence at 4. Let those members, therefore, who are of opinion that the naval surgeons should not be deserted, should not be left to their fate, should not be suffered to be laughed at by underlings, and sneered at by haughty cock-bombical lieutenants, attend at the College at the *opening of the doors* on Tuesday next, when there will be sufficient time to agree to other resolutions, if they should be deemed necessary, and to appoint a deputation of three, four, or five members to wait upon the Lord Chamberlain, who, we are now told by Sir JAMES GRAHAM, is the

most proper person to be consulted on the subject. This is the only course now open to us; it is the only course which can be adopted with the least hope of procuring for naval surgeons a reinstatement to that position from which they have been so unjustly, so unthinkingly, and so insultingly expelled.

The "resolution," we understand, has been very warmly debated by the sapient gentry of the Council, and it was not discovered until after three or four lengthy discussions, that it was "impossible to act upon it, in consequence of the irregularity of the proceedings." We have been further told, that when it was put to the vote, the motion for receiving and voting upon it was rejected by a majority of *fifteen to three*; the minority having consisted of Sir ASHLEY COOPER, Mr. LAWARREN, and Mr. BRIDGES. If this report be correct, the members *say*, of course, calculate upon receiving the support of this enlightened portion of the Council on Tuesday next; and it cannot be doubted that they will attend in the theatre, to aid by their presence and suggestions the praiseworthy exertions of the meeting. The Council are bound by their own *by-laws*, to protect the "rights, interests, prerogatives, and immunities," of the members; but it would appear that these laws, just enough in themselves, exercise but little influence over the minds of men who hold their offices *independently of the writ* in all cases, and in direct *defiance* in a great number of instances, of the wisdom of the great body of the members of the College. Let us prove that we are not to be checked; that we are not to be defeated in our efforts, by this miserable, self-conceited, self-perpetuating, oligarchy; but let us meet like men of rank and character, and of education and of knowledge, in *our own theatre*, and there discuss in the presence of our charter-protected tyrants, those measures which we may deem best calculated to uphold the honour, and maintain inviolable the rights and privileges, of our profession.

In conclusion, we take leave to remind the members that they should be at the College by *three o'clock* on Tuesday next, as the proceedings relating to naval surgeons ought to be commenced within ten minutes or a quarter of an hour after the opening of the theatre, in order that they may be concluded, if possible, before the period allotted for the commencement of the lecture. It should be our earnest desire to avoid any just ground of offence, and it is highly important not to interfere with what the Council denominate the "regular business of the day." If necessary, however, the encroachment of a quarter—or half an hour, upon the time appointed for the lecture, could not be a ground for giving offence to any reasonable beings, if they were to consider the nature and object of the proceedings. The members ought to be informed, that the tickets of admission can only be obtained on application at the College daily, between the hours of *ten and three*; and it is highly important that the members should be provided with the means of securing the *entrée* as speedily as possible. On Monday or Tuesday, for example, Mr. BELFOUR may announce that there are "no more tickets for distribution."

The naval surgeons are so circumstanced that they dare not move in their own behalf. One step obnoxious to their superiors, might prove their irretrievable ruin; they look to their brethren for protection, and it were a libel upon the character of Englishmen,—upon the honour and spirit of the members of the Royal College of Surgeons in London, to give one moment's credence to the supposition, that these gentlemen would neglect to discharge a duty which is calculated to relieve from obloquy, a great body of officers who have been guilty of no possible offence. The Editor of this Journal, if he have life and health, will certainly

attend the meeting, and co-operate to the utmost of his power with those gentlemen who may be of opinion that an application on behalf of the naval surgeons, should be forthwith made to the Lord Chamberlain. If the majority of the members should be of a different opinion, he would in that case wait upon the Duke of DEVONSHIRE himself, rather than not endeavour to relieve the surgeons of the British Navy from the weight of odium and insult under which these officers are now suffering.

THE Fothergillian gold medal, value twenty guineas, has been awarded this year, by the Medical Society of London, to Mr. WILLIAM AUGUSTUS GUY, a medical student, for the best dissertation on "Asthma." The medal will be presented to the successful candidate on Tuesday, the 8th of March, at the anniversary meeting of the Society.

WESTMINSTER MEDICAL SOCIETY.

Saturday, February 19, 1831.

MR. CHINNOCK in the Chair.

MR. FORBES WINSLOW read a long essay on the influence of the passions over disease. In the collection and arrangement of his materials, the author evinced the utmost industry, but the want of novelty in the details renders the paper unsuitable to our columns.

An animated discussion ensued, partly on the subject of the essay, and partly on antipathies and monomaniac delusions. Dr. Epps and Mr. Evans bore a prominent part in the debate, and their speeches were much applauded.

Towards the close of the discussion, Mr. KING announced his intention of submitting to the consideration of the committee a resolution to the effect, "That the discussions of the Society should be thrown open to all subjects connected with the interests of the medical profession." Mr. KING wished the notice to be immediately received by the committee, in order that the question might be laid before the general body of the Society at the following meeting. It was found however, on reference to the laws, that the committee could not receive the notice till that evening, and it was then determined that the debate on Dr. Winslow's essay should be farther adjourned.

EXTRAORDINARY RESULT FOLLOWING THE ADMINISTRATION OF CRUDE MERCURY.

MR. CHINNOCK related the following extraordinary case, communicated to him by Dr. James Blundell. A patient, attended by Mr. Eccles of Rotherhithe, had suffered from obstinate constipation. Every remedy usually resorted to under such circumstances had been administered by that gentleman without effect, when Dr. Lister's attendance was requested. He ordered half an ounce of crude mercury to be administered, and to be repeated twelve hours after if the bowels were not relieved. The ounce was given by Mr. Eccles himself; the object was not merely to produce action by its specific weight, but the Doctor hoped some chemical change might occur. A blister had been applied to the scrobiculis cordis, and complete vesication was produced previous to the exhibition of the medicine. An enema was also administered. Very shortly after the administration of the second dose of quicksilver, the intestines were emptied. There was an appearance of mercury in a state of oxydation in the stools. The patient complained of great uneasiness in the blister, and begged Mr. Eccles' attention to it. On examination, he found there were "scores of globules of mercury the size of pins' heads, scattered over the blistered surface;" some of these, subsequently, were collected by Mr. Eccles to form a large one, thus proving without doubt, that it was mercury in its metallic form. This case was observed narrowly by Dr. Lister, and Mr. Owen, a respectable surgeon of Chancery Lane, as well as Mr. Eccles. The details, as before mentioned, were given to Mr. Chinnock from Dr. Blundell's note book, with permission to relate it to the Society.

HOSPITAL SHIP GRAMPUS.

CASE OF ERYSIPELAS OF THE PENIS AND SCROTUM, WITH REMOVAL OF THE OLD, AND FORMATION OF A NEW, SCROTUM.

(Communicated by MR. BENNETT, Assistant Surgeon.)

DANIEL CLARKE, stat. 30, a seaman, was admitted on board this hospital, Sept. 10, 1830. His complaint, stricture of the urethra of two years' duration. The strictured part, which occupied the membranous portion of the urethra, would admit the passage of but the smallest size cat-gut bougie. The bougie was passed daily, and on alternate days; the hip-bath, and occasional aperients, were employed. Three weeks subsequent to his admission, a No. 4 bougie passed with facility, and the urine was voided in a copious

sponding stream. About this time the patient obtained leave of absence for the day, and upon his return in the evening, complained of his having experienced a severe rigor followed by heat, but without sweating; a warm-bath and active aperient were given with relief. On the following day (Oct. 2) he complained of a recurrence of shivering, attended with pain in the head and thirst; his skin was hot, and tongue thickly coated with a white fur; an emetic was exhibited, and *magn. sulph.*, ʒj; *ant. tart. gr. ss*, continued every four hours. On the 3rd the prepuce, and afterwards the integuments, generally, of the penis, appeared considerably swollen, and assumed a florid erysipelatous hue, attended with much pain in the part, and great febrile excitement. The pulse strong and wiry; tongue loaded; skin hot. He complained of much pain in the head, and in the penis. Urine passed in a stream as free as usual. Blood was taken from the arm to ʒxx. Leeches and fomentations were applied to the penis, and nausea was kept up by regulated doses of tartarised antimony.

Oct. 4. Undiminished inflammation continues in the integuments of the penis, which are distended, elongated, and present a tortuous appearance; febrile excitement continues the same. Venesection repeated to ʒxvj (blood intensely buffed and cupped); saline and purgatives exhibited, and the penis freely punctured in the hip-bath, followed by the further application of leeches and fomentations.

Oct. 5. Penis continues swelled, and of a highly florid hue; patches of a sloughing tendency appear in three or four distinct situations; pulse moderated; constitutional excitement less; poultice of linseed meal to penis; saline effervesc. mixt. every 4 hours.

Oct. 6. Pulse quick and irritable; some increase of fever. Integuments at the upper and front part of the scrotum present an erysipelatous blush, and have an indurated feel. Twenty leeches were applied to the scrotum, and fomentations continued.

Oct. 7. Scrotum much distended and inflamed; discoloration of the integuments threatening sphacelus; pulse quick and irritable; countenance flushed; skin hot; tongue dry and brown. Free incisions were carried through the entire length of the scrotum, and poultices of linseed-meal applied.

Oct. 8. Sloughing of the scrotum has extended; the incisions through the integuments expose a thickened state of those parts, with combination of lymph, pus, and sloughing cellular tissue, without any traces of urine, which passes through the urethra in its usual stream, and in natural quantity. Takes an anodyne at night, two grains of quinine three times in the day, and six ounces of wine daily.

Oct. 9. The scrotum, which presented a mass of slough from the perinæum to within half an inch of the root of the penis anteriorly, and about the same distance from the groins laterally, was removed by the knife to within a line of the living parts, which appear to have a disposition to resist the further progress of the disease. The tunicae vaginales of both testicles when exposed were found to be implicated in the sloughing, and were separately removed, leaving the testis exposed, uninjured, but of a flabby appearance and pale hue. The dilute nitric acid was applied to the portion of scrotum and penis between the living and dead parts, and lint wetted with a combination of the tinctures of myrrh and opium kept applied over the whole surface. In the course of a few days all inflammatory action had, in a great measure, subsided; the sloughs were separating, and a healthy surface appeared beneath. Milder stimulants were now employed, and a nourishing diet continued. The sloughing of the penis was confined to the integuments, and formed three distinct patches, each about the size of a shilling. The scrotum was almost totally destroyed, and the testes bereft of their investing membrane remained exposed with a small portion of healthy septum scroti between them. On the complete separation of the sloughs, the sores on the integuments of the penis healed rapidly; the testicles threw up numerous and healthy granulations to a level with the remaining portion of scrotum at the root of the penis, whence the process of cicatrization commenced. Dressing with simple ointment was now used, but caustic and dry lint were subsequently found necessary to check the superfluous granulations.

Oct. 23. A small spot, about the size of a sixpence, remains uncicatrized in the centre of the new scrotum. The scrotum is small in its dimension, but presents no deformity, and during the process of cicatrization has drawn contributions so freely from the neighbouring integuments, as to present nearly a natural appearance. The testicles, over the greater portion of their surface, can be felt loose within the scrotum, and appear adherent only at that part of the scrotum which remains uncicatrized. The patient is in excellent health, and thinks he passes his urine more freely than he has done for two years. Discharged cured.

The latter progress of the cure was unpleasantly interrupted by symptoms of disease in the kidneys, indicated by pain in the loins increased on pressure, frequent rigors, and a muco-purulent deposit in the urine. These symptoms were removed by the application of cupping-glasses to the loins, and the free use of friction, with tartar-emetic ointment over the same part.

THE LANCET.

Vol. I.] LONDON, SATURDAY, MARCH 12. [1880-81.

ST. THOMAS'S HOSPITAL.
—
CLINICAL LECTURE
DELIVERED BY
DR. ELLIOTSON,
Feb. 14, 1881.
—

THERE were but three cases presented. Gentlemen, last week, the patients were all women—one case of inflammatory dropsy, another of hysteria, and a third of disease of the heart.

INFLAMMATORY MATRONOPEX.
The case of inflammatory dropsy arose from cold. The swelling began in the face as early as in any other part, and there was a degree of bronchitis present. On listening to the chest, a sonorous rattle was heard. These are all points on which I have treated before in the course of the winter; they all illustrate what I have stated to be the usual character of the complaint. She was cured by bleeding, low diet, and moderate purging.

HYSTERIA.
The case of hysteria occurred in a little girl, and illustrates one of the causes of the disease which I believe is not very infrequent—the propensity to irritation.
The previous history of this girl I know perfectly well. Her name was Sarah Ireland; she was 16 years of age, and had had hysteria for nine weeks. It so happened (she was a servant maid) that I was sent for to one of the family, a few months ago, a very interesting and excellent young lady, who was in a state of hysterical delirium, partly unconscious of what passed around her, singing continually, and talking incoherently. This young lady died. After her death, I understand that another female in the family (of what description I do not know, whether one of the daughters or another servant, I cannot say), became hysterical; and this young girl, who came into the hospital, likewise fell into the disease; so that from one being hysterical, two others became affected in the same family; and the character of the hysteria in two of the three was alike—they took to singing and talking incoherently. This patient was admitted on the 1st of February, and the disease in her continued up to the very moment of her admission, for soon after she came into the ward she had a regular fit—a fit of hysteria; therefore the disease had not ceased—nay, it had not declined in the least. I had her, on admission, cupped instantly on the loins to 15 ounces, and being excessively fatulent, she took two drachms of the confection of rue three times a day, and was put on low diet: she never had a fit of the disease from that moment. She had had the disease unceasingly for nine weeks; she had had a fit after coming into the ward in about an hour, or an hour and a half, and from this moment it entirely ceased.
Now it would be very wrong for me to assert that I had cured this patient. Had I known nothing of her, I should certainly have thought I had cured her by cupping her well on the loins, giving her rue, and putting her on low diet. It is possible that I did cure her, but I think it is also possible that the disease ceased in consequence of her being removed from home. In the house where she was, another person had hysteria. In that house she had had the disease so long, that she had no command at all over herself, and was not at all influenced by the fear of those around her. Here she was removed from the sight of the disease, and placed under and among strangers, of whom she was more or less afraid; not that her symptoms were voluntary, but in many of those nervous affections, if patients can be unconsciously induced to exert a degree of restraint over themselves, the nervous affection is lessened, and will frequently cease. Therefore I think from the fear she had of those around her, of being cupped and doctored without any ceremony, and being obliged to submit to all the treatment which we might think proper in our wisdom to adopt, I really can believe the girl's disease

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ceased from the impression thus made upon her mind. I will say a few words on hysteria. I need not tell you the characters of it. You know that women possessed with a fit of more or less complete insensibility, with irregular convulsions. So that they feel choking, or sob, laugh, and cry; and go out of one fit into another. All this was the case here. Frequently, too, patients are incoherent; sometimes sing songs, and sometimes psalms. But these cases illustrate the fact, of which I am certain, that the disease does not, as some pretend to say, necessarily arise from the sexual organs, nor from sexual feelings. In the young lady who was the first subject affected in the House, it was quite certain, I think perfectly certain, from a number of circumstances with which I am acquainted, that it arose entirely from her extreme assiduity in charitably superintending some schools, and in superintending, likewise, the education of her little brothers and sisters. Her extreme anxiety, with an excessive degree of attachment to her family, induced all this. From the character of the young lady, I am quite sure there was not a sexual feeling, either pure or incorrect, about her; that she had no attachment even to any individual beyond the domestic circle. During her delirium, she never once uttered an improper expression—never made a single allusion to any one human being excepting to her father and mother, and her little brothers and sisters. When she sang it was always a hymn, or some little thing of an innocent description. I have no doubt that in her the hysteria was brought on by her state of mind—her attachment to her family—the extreme anxiety which she had for some time experienced with regard to them, and with regard to the success of a number of poor children with whom she took much pains. What occurred in the case of the second patient I do not know, except that the symptoms were precisely the same; but in the third (the girl that was here), there was no reason to suppose any thing of the kind that is usually alleged as the cause. In the first place the uterus was unaffected, for the catamenia were perfectly regular; she was sixteen years of age only, and had menstruated four months; but from the commencement of the menstruation, the catamenia had regularly appeared, and abundantly. Then with respect to her mind, there was no reason—not the slightest reason, to suppose any thing at all of that description. If there had been, I think the disease would not have ceased the very day she was brought into this hospital. It is right to be remembered, however, that she had had a fall on her forehead, but I cannot think that that had any thing to do with it,

for the complaint had occurred in two others of the family before; and when I recollect that the character of the hysteria was precisely the same in this as in the other cases, and ceased as it did, I cannot but ascribe it entirely to the impression made on her mind by witnessing the other two in their disease. In regard to the fatal case of hysteria, it was the first instance I ever saw of hysteria proving fatal. In general, hysteria is a very innocent disease. It is troublesome—it is very annoying, or ought to be very annoying to a woman certainly, to make such an exhibition of herself as they do in a fit of hysteria; but I never knew it dangerous or fatal in my life before. In that young lady, it certainly was of an inflammatory character; the pulse was quick, the skin hot, and the tongue dry and white. Anti-inflammatory measures were freely had recourse to, and she was considerably better. She frequently talked intelligibly afterwards; she was seldom, indeed, for any length of time, unconscious of what passed around her, but at length she became torpid, a degree of stupor supervened; she was unconscious of what went on; she had a kind of muttering, and an inflammation of both hands and wrists came on, and we thought (the medical gentlemen who constantly attended her, and I myself) that a fluctuation could be perceived; however, when this was the case, the pulse was exceedingly feeble and fluttering, and to have made an incision there would have been altogether useless—at any rate when the thing was mentioned before the family, a determination to prevent any thing of the sort was expressed, and she died in a few hours afterwards. Unfortunately, no examination of the body took place, and I do not, therefore, know what was the internal state. But I should mention that since these I have known another case of hysteria which proved fatal; one which I did not attend, but the circumstances of which were related to me, and I was present at the examination of the body. I believe those gentlemen who attend my lectures on the practice of medicine have heard me detail this case, but I am sure they will pardon my mentioning the circumstances here again, on account of its very extraordinary nature. Two young ladies of a very nervous disposition, of very active minds—very excitable feelings—twins, had for some years been subject to fits of hysteria—choking and convulsions, and in the fits they would continually be seized with a motion of the head and arms regularly occurring in accordance time, and accompanied by the words "tic—tic,"—just like a clock. This would sometimes be with sensibility, and

sometimes unconsciously. Sometimes they would be conscious of it, and would say, "Now here is the tic coming again, but I cannot help it." And now and then they would say in distinct words, "I cum," "I cum," or hi cum, hi cum, I do not know which, and what it meant I do not know; but they both at last fell into a sort of trance—into a state of perfect insensibility, as though they were in a deep sleep, but without any snoring, and the breathing was natural, though faint. It was not an apoplectic state, but really a state of sleep, and this continued for a length of time. One of them died, and I was sent for to the other; there was then present a symptom very common in hysterics, extreme sensibility of the surface of the trunk, so that the slightest touch gave her exquisite pain, caused her to groan and nearly shriek, and say *Aicum* a few times, and then the head to begin moving from side to side, and the hands and forearms to semi-rotate in regular time, the motion being accompanied by the words, *tic—tic, tic—tic*, the second word *tic* being pronounced, as usual, some notes lower than the first. This morbid sensibility of the surface has frequently been mistaken for inflammation; but it is a state of the sentient nerves. If I opened her eyes they remained so for a minute, fixed as if she was looking at something on the left of her, and then the eyelids quietly shut. Seeing her lie in this trance, in which I was told she had been for a considerable time, I recommended that she should be well nourished. Wine and strong broth were got down, and when she appeared sinking, large quantities of sulphate of quinine. But at one time there was such debility that when a teaspoonful of wine or soup was put into the mouth, we had to squeeze the larynx at the arytenoid cartilages, to cause irritation enough to produce deglutition. In this way, and by the extreme assiduity of the gentlemen who regularly attended her—who, in fact, gave himself entirely up to the case, and staid with her day and night, feeding and watching her, she survived. At the end of three weeks I saw her again. Since my first visit, fulness of the head had taken place, indicated by heat, and by throbbing of the temples; it was found necessary to apply leeches, and at the end of some weeks from this time even, she was still alive, though still in a trance. During this time she had once or twice half awakened for a few minutes; in one of these moments of consciousness she made motions as if she wanted to write, and they gave her a pencil, and she wrote down distinctly what she wanted in regard to her affairs, and went off again into her slumber. On another occasion she became conscious and opened her mouth as if she wanted food; they gave

her some, and she ate it ravenously, and then went off again. I was once present when she became conscious, and evinced by moaning and moving her arms that she wanted something; she shook hands with all around her, with me among the rest, and I am sure was perfectly conscious of her situation, but in a few minutes she went off again.

Now, I allude to these cases for the purpose of showing that hysteria is sometimes fatal. The sister whom I did not see alive, and who lay dead in the house, had, after being kept a fortnight, undergone very little change; it was thought right to open the body, but nothing could be observed except extreme paleness. I never saw the meninges of the brain—the pia mater particularly, more destitute of blood; and the brain itself was excessively exanguineous.

The general character is the same exactly with that extraordinary disease called *cataplexy*; I believe *cataplexy* is a variety of hysteria. As in hysteria, so in *cataplexy*, the patient is generally a little sensible, though insensible in a very high degree. You can mould them into any form. If you place them upon their back and raise one leg, they lie with that leg raised; so with the arms. This is a disease which very few people have seen; I have never seen it myself, but it occurs, like hysteria, most frequently in women. Like hysteria it will come on in paroxysms. It likewise agrees with hysteria in this, that generally it is only a troublesome complaint, but sometimes is of a fatal nature. There was a case in this hospital last year, I did not see it, from a paroxysm never happening when I was in the house, for some weeks, and was considered to be a case of *cataplexy* without any deception; it occurred in a woman, and the fits came on at irregular periods; she was fully unconscious at the time, and might be moulded into any shape. She went out well, I believe, or at least no worse than when she came in.

There is a case described by Dr. Heberden which occurred at this Hospital, and which he came here to see. You will find it stated in his *Commentaries*. It occurred in a woman. The paroxysm usually came on morning and evening, and lasted from one to three hours; but upon one occasion the paroxysm lasted twelve hours. It would come on suddenly, the pulse and breathing remaining natural; the eye was fixed as though looking at some object, and the arm would remain as it was placed for twenty minutes together, and it once did so for one hour, precisely as if it belonged to a statue, and it would sustain seven pounds weight. The jaws were shut, and it was observed, that if the nostrils were closed, the lips opened, and a respiratory effort was made.

After a time there was heaving, but not perfectly complete insensibility, and generally in hysteria the insensibility is incomplete. It was noticed that a slight winking occurred on the approach of the finger to the eye, and that a contraction of the iris occurred on the approach of a candle. Dr. Gregory, I recollect, used to mention a case of catalepsy that occurred from mental distress, in a lady whose history resembled the affecting tale of *Isabella in the Fatal Marriage*; and she appeared insensible except when her child was brought to her, and then faint signs of perception instantly took place. In a case not exactly of catalepsy, but in some degree of analogous nervous affliction,—a trance, mentioned I think in the *Psychological Magazine*, a young lady lay so long senseless and without any sign of life, that she was not only laid out, but laid in her coffin, and at length, while they were placing the lid upon it, a general sweat from horror broke out upon her, and revealed that she was still alive. She recovered, and declared that she had been sensible to things around her all the while, though unable to move a feature. What was the result of the other case I do not know, that is not mentioned by Dr. Heberden; but that catalepsy is sometimes fatal is proved beyond doubt. A deserter who was caught, suddenly started, lost his voice, and became immovable and unconscious; he then became cataleptic; neither ate nor drank, nor discharged urine nor feces, and died in twenty days.

Now, I think it is important that you should know there are cases of this description, because both catalepsy and hysteria are for the most part devoid of danger; both you find prove fatal occasionally. I never knew, till within these few months, a case of hysteria prove fatal. One within that time has proved fatal in my own practice, and I was present at the post-mortem examination of another.

There is a case of hysteria in my female ward, illustrating another variety of the disease, unaccompanied by singing, but where, besides the regular symptoms of hysteria, the right side of the body is much more affected than the left, so that in the fit the action of the muscles of the face on the right side draw the left side of the face in such a way that you would imagine the patient to be paralytic on the left side. The right hand is clenched, with the thumb bent in upon the palm, the abductor pollicis acting so powerfully, the right arm drawn violently behind, the right leg drawn back, and the right foot turned in. In this case other muscles are affected, so that the girl, who I understand could speak very well before the disease presented itself, can speak now but very imperfectly; for instance,

for "so," she will say "too;" for "yes," "yet;" and so on. She speaks exactly as many children do who have defects in their speech; this is entirely the effect of the disease. The mind too is frequently in this disease peevish and silly, and so it is in this girl—this woman rather, for she is twenty-five years of age—she answers abruptly and snappishly; she has had the complaint for two years. In her, I believe, there is no doubt the disease has arisen from disappointed attachment; I believe there has been a little love in her case. I understand that she has a sweetheart (as most women have before they are fire-and-trents), but that that sweetheart is two hundred miles off, a calamity quite sufficient to make any girl go into fits. (*Laughter.*) However, she is already considerably better. I had her cupped on the loins to a pint, and ordered her an injection every day, consisting of three ounces of the oil of turpentine and a pint of gruel. She has been cupped at the occiput also to a pint, and the fits have become much less violent and less frequent, and the menses have appeared after not occurring for three months. It was not the cessation of the menses that caused this disease, for she has had the disease two years, and they had only ceased for two or three months. Immediately after the cupping and the very first injection, the right hand opened completely, although it had been closed, as I said, for a fortnight before she came here. She will be soon perfectly well.

I may mention here, that formerly it was supposed that a great number of diseases arose from suppressed discharges and suppressed irritations; it seemed never to be thought that the occurrence of another disease might put a stop to a natural discharge, and to a morbid discharge or irritation. Now, I think there can be no doubt, that in very many cases, perhaps in the greater number in which the suspension of the catamenia takes place, and other complaints appear, it is not the cessation that occasions the other disease, but the occurrence of the other disease that causes the cessation. With respect to eruptive diseases, diseases of the skin, you know very well it frequently happens, that in scarlet fever, or the measles, for example, the eruption will not come forth, or will decline too soon. It was generally supposed there was a defect in the power of the constitution in all those cases, and an indication that stimulants should be given. I believe we owe it to the French, and perhaps particularly to Broussais, that we now know, that when cutaneous eruptions do not come forth at the proper time it is generally owing to an internal inflammation—certainly more frequently to inflammation in the chest or abdomen than

any-thing else, and that the best mode of bringing out the eruption is to subdue the internal inflammation. So it is with respect to a great many instances of the cessation of a disease, or the cessation of a discharge. If another disease, if a new excitement of the system takes place, you may expect that an action which previously existed in the body will not go on so vigorously as it did before; that a chronic eruptive complaint may disappear, the catamenia may stop, or the discharge from a sore leg may dry up. Certainly I think the occurrence of a new disease within the system is quite as frequently the cause of the cessation of discharges both morbid and natural, and of the cessation of many diseases of irritation, as that the sudden suppression of discharges—the sudden cessation of discharges from a disease and irritation which previously existed, gives rise to the new diseases. This is very important in pathology, for if in every case where the catamenia have stopped and another disease has begun, we were merely to direct our attention to the forcing back of the menses, we should very often fail; whereas by attempting to cure, and by curing the new disease, the catamenia will return as a matter of course, though while subduing the other disease, it might be sound practice also to endeavour to excite them. You know that when an acute inflammatory disease takes place, the bowels, for example, will become very much torpid, the natural functions of the alimentary canal will cease or diminish, so that costiveness is a common circumstance in many acute diseases. So it is precisely with the catamenia, and often with discharges from issues and sore legs. You know that when a person has a sore leg discharging profusely, if an inflammation of the lungs or brain occurs, the sore immediately puts on a different appearance, the discharge perhaps lessens and dries up. Now, it is not the cessation of the discharge from the leg that causes the complaint in that case, but the complaint that causes the cessation. These things were once but little known; one side of the question only was viewed by most old writers, and I think that side is less frequently in fault than the side to which they did not look; consequently they took too limited a view of such cases, and were often wrong in their practice.

DISEASED HEART.

There was a case presented, Gentlemen, of affection of the heart, which was exceedingly interesting from the good that was done. A large number of diseases of the heart are undoubtedly of an inflammatory character; they begin as inflammation of the pericardium and heart, and the organic affection which remains is merely the conse-

quence of the previous inflammation. There are others of an opposite character, which are attended by debility of the whole constitution; with flabbiness of the muscles and paleness of the face, which are removed or lessened, we will say, by the opposite plan of treatment.

The case to which I allude, was that of a woman admitted on the 15th of January. She was 43 years of age, was anasarcaous; the face was swelled, the legs were swelled, and there was a strong action of the left ventricle of the heart over a considerable space. At the moment you felt the stroke of the heart, and felt the pulse, a *bellows-sound* was heard, which every now and then became the sound of a *sonn*. It was generally a *bellows-sound*, but now and then the *bellows-sound* became very dull, exactly like that of a *fine saw*. She had suffered from palpitation for four years, though she said she had been ill only months. She was pale, and on feeling the arm the muscles were quite flabby. My impression was, that if I bled this woman and put her on low diet, I should certainly have increased the mischief. I could not but believe that this was a case of *dropsy*, arising from disease of the heart, attended with debility and flabbiness of its texture. With respect to the state of the heart, I conceived, that as it beat over a very considerable space, and, as there was a dull sound to unusual extent, upon percussion of the cardiac region, that it was dilated. If the heart is merely hypertrophied and not dilated, you have not much extent of dull sound; if it is dilated, then the dullness on percussion is extensive. There was evidently obstruction to the passage of the blood into the aorta; but it was impossible to say whether that obstruction arose from contraction of the aortic-opening, or the dilated state of the left ventricle. The latter might be quite sufficient to account for the symptoms: the cavity having become too large relatively for the natural dimensions of the aortic opening. I am satisfied that there was dilatation, as well as thickening of the heart, but the disease was not of an inflammatory character; on the contrary, it was a disease of debility.

I gave her strengthening medicine; I exhibited iron; but that she might have something, on account of the dropsical effusion, that tended to increase the discharge by the kidneys and by the bowels, she took the tartrate of iron in treacle—two drachms of the *ferri tartarizatum* three times a day. In two or three days I made it three drachms three times a day, and in two or three days more, half an ounce three times a day. By this time she began to make a considerable quantity of water, indeed the quantity of water was increased more or less after the

third day from her admission. The bowels, great debility of the heart, flabbiness of the too, became exceedingly purged from the menses, paleness of the surface, and if the ferrum tartarizatum and the treacle. While heart is found dilated, and we are consider- she had these discharges, however, she re- able effusion, under these circumstances a polarly gained strength, so far from being: great deal of good may be done by giving fog weakened. The palpitation of the heart preparations of iron. They are mentioned declined—the dyspnoea diminished—the sound of the left ventricle of the heart leas- by some foreign writers, and I have seen very much good done by their administra- ened from a sawing sound to only a bellows- tion. Of all the preparations, I consider sound. She could lie on either side, from the tarttrate is one of the best, on account of its having no tendency, when given in tes- She became much stronger, and likewise cide, to constipate the bowels, but rather to regained her colour. However, as the me- open them freely, and keep up a discharge dicine was purging her too actively, the dose was reduced to two drachms three also from the kidneys. I think this was one of the most satisfactory cases I ever treated. times a day; and as I was anxious that though she should not be purged excessive- ly, she should have as much of the iron as possible, I gave her, in addition to the two drachms of the ferrum tartarizatum, two drachms of the subcarbonate of iron, mixed with each dose. The oedema went entirely away; she felt much stronger on the 25th of January (having been admitted on the 15th), and in every respect better. When she came in, she was so ill that she could not walk; she was immediately put to bed, and I almost thought that there she would lie till she died; but on the 8th of February, the report says she felt quite strong and quite well. No oedema of any part, no dyspnoea, no palpitation; but of course the heart was not cared; on listening, I still perceived a bellows-sound, but there was such a diminu- tion of it and of all the symptoms, that she thought herself well, found herself strong, and went about and looked rosy, and would be treated as a sick woman no longer, but went home. When dilatation of the heart arises merely from its texture having be- come soft and flabby, I have no doubt it may sometimes be cured. Voluntary mus- cles, from being very relaxed, soft, and flabby, do every day become, by strengthen- ing the system, firm and hard again. This, therefore, may happen in the case of the heart, and if the flabbiness of the heart has been increased by softness of the heart) if not united with, and resulting from, hypertrophy, this dilatation may cease on the return of tone. Dr. Forry says, that by means of percussion on the plethymetre, he has ascertained the fact of a dilated heart recovering its natural dimensions.

The case was very satisfactory, because the treatment of diseases of the heart is, for the most part, difficult; if you cannot dis- cover tenderness, if you cannot make out a decided local inflammation; if you cannot make out any fulness of the system, the utmost you can do is to palliate the symp- toms, and to increase the quantity of urine, if any effusion have taken place. But I be- lieve, if there is reason to suppose there is

great debility of the heart, flabbiness of the too, became exceedingly purged from the menses, paleness of the surface, and if the ferrum tartarizatum and the treacle. While heart is found dilated, and we are consider- able effusion, under these circumstances a great deal of good may be done by giving preparations of iron. They are mentioned by some foreign writers, and I have seen very much good done by their administra- tion. Of all the preparations, I consider the tarttrate is one of the best, on account of its having no tendency, when given in tes- cide, to constipate the bowels, but rather to open them freely, and keep up a discharge also from the kidneys. I think this was one of the most satisfactory cases I ever treated. A few years ago, I certainly should have been quite at a loss in such a case. I should, perhaps, have applied leeches, or given a quantity of mercury, or only diuretics; at any rate I should have palliated only, and that in a very imperfect manner, or perhaps done harm, and certainly should have omit- ted this very important remedy.

ANEURISM OF THE AORTA IN A FEMALE.

Only four cases have been admitted since our last lecture: two in females. One a case of chronic bronchitis, or rather of acuto- chronic bronchitis, which had existed for two months, and where there was a sonorous rattle in various parts of the chest. But the other was a case of aneurism of the aorta. Aneurism of the aorta is a disease which we very seldom see in women; but I think you will agree with me, that though it is rare in females, the patient whom you shall pre- sently see, really labours under the disease. Her name is Ann —, she is 51 years of age, and has been ill two years. Her pulse on admission was rapid, 156, full and strong. There was a strong and diffused pulsation at the cartilages of the right lower true ribs, a constant cough, and some mucous expecto- ration. The week before her admission, she had spit up blood. Where the pulsation is observed, there is some tumefaction and great tenderness. At all times she has shoot- ing pricking pains there, and likewise pain in the right shoulder and down to the elbow. This is a perfectly well-marked case of the disease. Whatever the aneurism arises at a certain size, I have noticed pricking pains to take place. I presume that they arise from the inflammation going on exteriorly to the artery, producing adhesions between the vessel and the neighbouring parts, and pro- ducing adhesions after the vessel is obstruct- ed between more exterior parts in succe- sion; a beautiful provision of nature, that life may be preserved as long as possible. There is extreme tenderness of course also, through this same inflammatory process. She has an aching in the right shoulder. As such an aneurism goes to the right side,

I have usually observed pains in the right extremity, pains about the scapula, clavicle, axilla, and down the arm; and here the pain extends as low as the elbow. With respect to the constant cough, there can be no doubt that it arises from the inflammation which is set up in the lung tissue—twenty ounces; and next day the pulse distally in contact with the aneurism. The lungs of course are glued to the aneurism, and the bronchia are inflamed. She has spitting of blood; a degree of bronchitis is established, from the inflammation going on around the aneurism, the mucous membrane suffering day, being excited into an inflammatory and hemorrhagic state. She has, I need not say, great dyspnoea on moving. She is also very calm, and says her motions are black. The catarrhs are quite regular, and at the time of her admission she cannot lie on the left side; she lies on the right side, and lies easier there than even on her back. I believe this circumstance arises from two causes: first, that when she lies on the left side there is a dragging down to the left side of the parts that are swelling and diseased; and, secondly, that if she lies on the left side, the heart beats the more violently, as it always must, if hypertrophied, or even merely excited, against the ribs, from its closer proximity to them when we lie on the left side, and thus increases the inconvenience. There is disease of the heart, I have no doubt, and I am sure it is hypertrophied to a certain extent; for it beats violently in the left part of the cardiac region, without any noise; it gives a violent blow on the ribs, and that blow would be quite sufficient to make it painful for her to lie on the left side.

With respect to the bronchitis, there is a sonorous rattle as well as expectoration. The chief seat of the pulsation is between the fourth and the sixth right ribs near the sternum. If you put your fingers upon the space between the fourth, fifth, and sixth ribs, you will find the pulsation very great there.

Case.—I can have no doubt that the disease has arisen from violent exercise. Many of the diseases of the heart and arteries arise from inflammation, which proceeds from causes connected with rheumatism. Some again take place merely from an inexplicable disposition to organic disease of the coats, and chiefly of the lining membrane of the aorta, and of the lining membrane of the heart. But sometimes you will see disease of those parts arise from excessive muscular action. This woman has led what one might consider a very unusual life for a woman. She has travelled with her husband over the country as a sort of saleswoman—selling articles, and frequently walking eighteen or twenty miles a day, and very often in hilly countries.

I need not say that a case of this kind can have but one termination. But great relief may be obtained by purging, keeping the patient perfectly at rest and upon low diet, and resorting to repeated bleedings. I bled her, when she was admitted, to about twenty ounces; and next day the pulse was reduced to 120; the breathing was better, and she was much easier. The cough continued, and I ordered her another venesection to twenty ounces, and bled her, from the inflammation going on around the aneurism, the mucous membrane suffering day, being excited into an inflammatory and hemorrhagic state. She has, I need not say, great dyspnoea on moving. She is also very calm, and says her motions are black. The catarrhs are quite regular, and at the time of her admission she cannot lie on the left side; she lies on the right side, and lies easier there than even on her back. I believe this circumstance arises from two causes: first, that when she lies on the left side there is a dragging down to the left side of the parts that are swelling and diseased; and, secondly, that if she lies on the left side, the heart beats the more violently, as it always must, if hypertrophied, or even merely excited, against the ribs, from its closer proximity to them when we lie on the left side, and thus increases the inconvenience. There is disease of the heart, I have no doubt, and I am sure it is hypertrophied to a certain extent; for it beats violently in the left part of the cardiac region, without any noise; it gives a violent blow on the ribs, and that blow would be quite sufficient to make it painful for her to lie on the left side.

I conclude that, in this case, the aneurism must rise from the aorta, just after it has left the pericardium. If the aneurism occurs within the pericardium, it generally bursts before it has attained any considerable size. You know that, in the pericardium, there are no means for the aorta to form adhesions around; it therefore simply distends; there is nothing for it to adhere to, being loose like the heart; after the external coat has been dilated to a certain extent, the vessel gives way. The usual course of the complaint is for the internal and middle coats, or both, to split, and then for the blood to be diffused below the external coat; and it will extend this, and the patient live for some weeks—or, for what I know, a few months. But as the external coat has been dilated to a greater and greater, the external coat is more and more distended, till it suddenly gives way, and the patient dies in a moment.

This is a drawing [exhibiting it] taken from a patient of mine, a woman in the hospital, who came in for another complaint—pain in the head, and for which she had leeches applied. Within a few hours after her admission, while the leeches were applying, she fell back and died as if she had been shot. You will observe that here the artery is split just as it arises from the heart; here are the internal and middle coats of the aorta together; they have split transversely; the blood was effused under this the external coat. Thus external effusion into the pericardium was prevented from taking place for a considerable time. In one part of the inside of the external coat, you see regular layers of fibrine—layer through it took place longitudinally—the very reverse direction of the split in the internal and middle coats. When the ex-

ternal thus gave way, she of course died in a moment.

It is very curious that the same thing occurred in George the Second. You will find the account of that king's death in the Transactions of the Royal Society. He died of a rupture of the right ventricle of the heart; but they found the aorta exactly in the first stage of the state in which this woman's was; that is to say, the internal and middle coats had ruptured; there was a large conglom under the external coat which had not given way; and if his heart had not ruptured, he would have died in a few weeks I presume, from rupture of the external coat of the aorta itself.

This, therefore, is not an aneurism of the aorta, so low down as to be within the pericardium; it is an aneurism of the aorta soon after it has left the pericardium. I conclude this from its situation. You observe the chief part of the tumour—the most prominent part of it, is between the cartilages of the fourth and sixth true ribs. The disease sometimes takes place higher up; it sometimes takes place at the arch; and when at the arch, sometimes at the superior part of it, and sometimes at the anterior part of it. If the disease were situated in the arch itself, there would be a tumour formed much higher up, or perhaps, indeed, just above the sternum; but it must, therefore, be situated, no doubt, in the ascending aorta, not in the arch itself, for the tumour to be in the situation in which you see it in this case. This, of course, will at length rupture. There is no probability of death from its pressing upon the oesophagus or trachea; probably from the extreme tenderness at its prominent part, rupture will take place there into the pleura, and she will die of hemorrhage. The rupture of the thoracic aorta must frequently take place into the left pleura, but sometimes into the oesophagus, sometimes into the pulmonary artery, and sometimes into the substance of the lungs and various other parts, but generally it takes place into the left pleura.

Diagnosis.—Now when the disease has not advanced as it has done in this woman, I believe it to be a very difficult thing indeed to recognise it. I do not pretend myself to be able to recognise an aneurism of the aorta before it has produced a tumour, or strong pulsation in some one part. There is a French writer (Dr. Bérclin) who says it may be discovered by applying the stethoscope over the sternum. He says, that even when it has not given rise to any tumour or pulsation that may be felt, you may hear a pulsation under the sternum, and that he has three times thus discovered the disease before it had produced any tumour, or any external pulsation at all. Whether

he was fortunate in those cases, or whether he was justified in the first instance in saying they were aneurism of the aorta, I do not know.

Symptoms.—Respecting the symptoms, I believe that what you have heard this woman say [she merely answered questions corroborating the Doctor's statement made before she was called in], and what I have detailed from the case-book, agree with what I have mentioned in the book I have published upon these diseases. I have said, "There is frequently cough, mucous and bloody expectoration; dyspnoea; dyspnoea, even orthopnoea; attacks of spasmodic suffocation; pain in the right shoulder, axilla, inner side of the arm, in the course of the nerves, which may be tender, and up the right side of the neck and hand. Pricking pains may be felt in the tumour." These she experiences severely.—I had a patient labouring under this disease whose axilla was so tender from an aneurism of the aorta that he could not bear it pressed upon.

With respect to the situation of the tumour, I have said,—"When a certain size is attained by an aneurism of the ascending aorta, a tumour is usually found at the fifth and sixth ribs of the right side; when at the anterior part of the arch, the tumour is at the third and fourth of the right side; when at the superior part of the arch, it is above the sternum and clavicles. The strongly pulsating character of the tumour shows its nature, even should the tumefaction subside considerably for a time, as happened by repeated resection in three cases of this disease that I treated, and in one of which the tumour once actually pointed." This case, in which the tumour pulsed, was one in which I expected rupture to take place within a week or two; but by repeated bleedings, the tumour that was not only very large, but had begun to be pointed—receded, and at last the part became level. This patient, however, died suddenly, when in about six or eight months afterwards she came into the hospital a second time, of rupture into the left pleura. But from lessening the volume of blood in the system, the tumour became so much reduced, that though a strong pulsation existed, still the part became quite level; therefore I was not surprised to hear a gentleman remark this morning, in examining the patient whom you have just seen, that he thought the tumour in the present instance was less than at the woman's admission. She has lost forty ounces of blood since last Tuesday, been living low ever since, and that exactly accounts for it. It must be mere conjecture how long this poor woman may live; it may be a few weeks. Of course if she was to take violent exercise, she might soon die suddenly. If she

will consent to be kept quiet, and take low diet, she may live a considerable time—that is, considerable compared with the time she would live, if she were to walk about.

The other two patients admitted were men; one laboured under peritonitis, the other under acute rheumatism.

PRACTICAL OBSERVATIONS ON THE
PATHOLOGY AND TREATMENT
OF
DEAFNESS.

No. IV.

By JOHN FOSBROKE, M.D., Cheltenham.

In cases of deafness, with obstruction of the Eustachian tube, the indistinctness of sounds and noises in the deaf ear are increased apparently by the impulse of the air on the membrane of the tympanum being rendered more forcible from without, than when that membrane is counterpoised by the free access of air from the mouth of the Eustachian tube to the cavity of the tympanum. But the continuance of this noise after the external auditory canal is plugged, shows that it is owing but partially to this cause.

Incapability of distending the membrane of the tympanum by closing the mouth and nostrils, and expiring forcibly, is no certain proof of permanent obstruction of the Eustachian tube, where that difficulty has occurred, and also where plugging of the meatus externus has rendered the patient completely deaf; I have passed properly-curved probes with the greatest facility from the nostrils into the cavity of the tympanum. When the Eustachian tube is clear, the deaf certainly bear best through the mouth, perhaps because the cavern of the mouth and the nasal cavities cause the sounds to come louder from that direction. But, also, inability to hear through the mouth is not always a proof of permanent obstruction of the Eustachian tube, for I passed the probes into the middle cavity of the ears of a gentleman, whose membrana tympani Sir A. Cooper had punctured, and who "could not always hear a watch when placed in his mouth." A patient may be able to perforce the tympanum at one time, and not at another. Dry and fine weather is most favourable for it.

Apparent obstruction of the Eustachian tube occurs very frequently in those cases of deafness which are connected with that state of chronic disease which consists in continued and vitiated discharges of mucus from the mucous membrane of the bowels,

with irregular determinations of blood to different parts of the body, and disordered nervous action. In these cases it is probable that an over-secretion of mucus from reciprocal diseased action of the mucous membrane lining the tube of Eustachius may often preclude the approach of sounds to the internal ear by that avenue. I do not think that the deafness in these cases is always caused by local obstruction, for there is a sense of tumult in the head, a confused and muddled state of mind, and constant noises in the ears. I published the following remarks five years ago on this subject:—"But in different individuals the hearing in this disease (the morbus mucosus) is powerfully scitic, whilst in the advanced stages some are almost deaf. The deafness is not always cured, as one would at first suppose, by obstruction in consequence of mucus being accumulated in the Eustachian tubes, or of occlusion of their pharyngeal apertures, for they have been pervious to inflation, when, in the more advanced stages of the disease, the acoustic sense was greatly impaired. According to observation, both sight and hearing shall be preternaturally acute, or preternaturally dull in this disease, at different periods of its advancement. When the eyes are morbidly susceptible, and noise and tumult in the head are complained of, the hearing at such times is more dull and confused. It must be remembered that in diseases which involve the whole constitution, as well as particular parts, of the human fabric, the ears, as possessing an eminent degree of organic sensibility, take a prominent place as to original susceptibility."

It is a curious circumstance, that in these mucous cases, those nerves are chiefly, indeed primarily, affected, which arise from and about the tuber annulare, viz., the fifth pair, which supplies the appendages of the eyes, nose, teeth, and parts about the face, and the eighth and ninth (portio mollis and dura), the nerves of the parts of hearing and expression.

In 1822, Mr. M., a general practitioner, came to Dr. Jenner on his own account, having the mucous disease with deafness. The deafness could not be traced to obstruction of the Eustachian tube, or of the meatus auditorius, by inference from symptoms or the usual tests. He had a painful and permanent headach, great dejection of mind, torpor of habit, and every symptom incident to those who pass vitiated mucus from the bowels. His mind had been under the influence of the depressing passions some years. I attribute his deafness to the diminution of energy which the sense of hearing, as well as the brain and nervous system, had

undergone in consequence. August, 1822, I took these notes just as they stand, two years before I paid any particular attention to the subject of deafness. In June, 1825, Mr. M. called on me at Cheltenham; his hearing and constitution had improved, but there appears to be a morbid condition of the Eustachian tube of the same nature, which is purely local. In such cases I have found the Eustachian tube sometimes closed, sometimes open, sometimes extremely irritable when touched with a probe, at others possessing little sensibility. The more irritable the membrane may be, so much the greater is the sense of cold and torpor of hearing. In such cases the membrane is lax and thickened, and clammy with an albuminous mucus, as far as I can judge from the introduction of the probe, and from observing this condition of the soft palate at the same time. Dr. Parry describes a species of deafness which he thinks cannot be imputed to torpor of the nervous system, the hearing being at one time dull, at another too acute.* This species is connected with a morbid condition of the Eustachian tube, which is a common species of deafness. "There is a common species of deafness," says he, "of which Dr. James Sims has spoken, if not first, at least best, in an excellent memoir read before the Medical Society of Edinburgh. Like many other disorders of circulation, it is usually called nervous, but, however, seems evidently to arise from obstruction of the Eustachian tube. Accordingly, when it is simply of this kind the patient can hear well, when the tube is distended by strong blowing, with the nose, mouth, and cheeks closely shut. He can usually also, at all times; hear acute sounds, but not the more grave ones. In this case, of the nerves that acute or very low sounds are even painful, and what demonstrates that this is a disease of increased vascular fulness, or impetus,† and not of nervous sensibility, is, that I have known it first removed on the occurrence, in the respective

examples, of hepatitis and hemiplegia, and return as those complaints were diminished;" [These facts agree with a case of deafness disappearing on the occurrence of a rheumatic affection, which I have already related, and are instances of John Hunter's doctrine, that "two actions," &c.—F.]—"secondly, entirely cease in two instances, forty-eight hours before death; and thirdly, completely cured for more than a year of the remainder of life by an accidental hemorrhage from the humeral artery. This species of deafness is very commonly produced by colds in the head, in which it is evidently owing to a communication of disorder from the mouth and nose along the membrane, which is continued into the Eustachian tube. It is probable, however, that, on many occasions of deafness, the malady is not confined to this part; but it is worthy of inquiry, whether, in such cases, the effect does not originate in a similar excessive impulse of blood acting on some other essential part of the organ of hearing."

Diminution of nervous influence, and loss of animal heat, are observed, in cases of deafness without discharge, in the tissues which line the Eustachian tubes, as well as in those of the external auditory passage. At the same time, the Eustachian tube may be extremely irritable to the touch, and more irritable on one side than the other. Obstruction of the Eustachian tube rarely occurs unconnected with other causes of deafness. M. Lallemand describes otitis of the Eustachian tube as the most rare and insidious variety of inflammation of the ear with discharge. Dull pain in the nasal region, fixed or shifting, constant or intermitting, *dynatus aurium*, in a buzzing or cascade-like form; hardness of hearing, increased to complete deafness, succeeded by sudden recovery, the two last phenomena being ascribed to the accumulation and discharge of matter from the tympanum; a bitter taste, fetid breath, nausea, vomiting, expectoration, or violent coughing up of foetid matter; distaste of food, loss of appetite, emaciation and despondency, caries of the bones, cerebral affection, and death, mark the progress of the affection. The disease is generally ascribed to the stomach and lungs, and treated accordingly without effect.

The ceruminous glands in deafness are generally torpid, or cease entirely to secrete, and, sometimes, instead of healthy wax, produce a thin fluid. The suspension of their secretion is said to cause deafness. I have known audition become gradually impaired at the same time that the wax became very hard, nodulated, and small in quantity, whilst there was, at the same time, some chronic increase of throat, and pain in the course of the Eustachian tube.

* After hysteria, phrenitis, and some other diseases, the hearing is often too acute; the nerve is sometimes morbidly sensible after apoplectic seizures, which appears to denote too great fulness of the vessels of the head. A case of morbid irritability of the auditory nerve following an apoplectic seizure, is related in the London Medical and Physical Journal, about 1822. The late Dr. Jenner was similarly affected after his first apoplectic seizure, and incapable of hearing any "clicking," or sharp sounds without flushing of face, determination to the head, and great pain, for he sometimes put both his hands up to his head and rushed out of the room. I ceased a few days before his death, which arose from a second apoplectic seizure whilst sitting in his chair and shaving.

† Here, and in the remainder of the sentence, Dr. F. introduces his favorite doctrine, but I am not convinced that the facts cannot be as well explained in another way.

In many cases I have seen these glands much irritated by any mechanical stimulus; hence Professor Mascartney conceives it best to let them alone when diseased. It is supposed that the secretion of these glands is intended to prevent the intrusion and poison of insects. I do not believe the secretion, for numbers of persons whom I have known having dry porches experienced no such accidents. It is more probable that the moisture has something to do with the conduct of sound; in function, as well as health as in disease, they appear to act in concert with the other parts of the organ.

Destruction of the membrane of the tympanum causes different degrees of deafness, which are incurable. Cold air and moisture obtaining, in consequence, ready admission into the delicate interior structure of the ear, render the individual more obnoxious to catarrhs. The preservation of the internal ear from the effects of cold is a most important use of this intercepting membrane. Deafness, when owing to this injury, may exist without noise in the head, except during the catarrh. Mr. Cruikshanks observes, that when the membrane is perforated the hearing is irrecoverably lost, for the air, getting through the breach, so affects the delicate peristeme and muscles of the bones and the pulpy mass, that the parts are rendered unfit to perform their functions, though in the same page he admits that the membrane has been destroyed, and that the small bones have come away without destroying the sense. I have seen three cases in which it was destroyed by external violence or disease: all these parties were deaf. A girl of the name of Drum, et. 14, became deaf at the age of four years, in consequence of violent cold and sore throat. The catarrh was attended with a discharge from one of the ears, which—she could not say. She had always noise in the ears when labouring under a cold. The membrane of the tympanum had an old ulcerated opening, through which, when affected with catarrh, she inspired, but not at other times. On the right side the Eustachian tube was permeable, and the m. t. uninjured. Both ears secreted healthy cerum. Cold injections caused violent heat and noise in the ears. Alteratives, counter-irritants, stimulants of ammonia and volatile oil, in short every means failed to benefit her hearing. A boy was brought to me from Freeburgh, near Cheltenham, who had produced his deafness by partial destruction of the m. t. by introducing substances into the external porch, and exciting inflammation and ulceration.

Patients frequently observe that the external auditory tube becomes contracted in deafness. It seems certainly to undergo some change of form, to wind in a more

narrow and angular course towards the m. t. These changes may increase the reflection of sound from angle to angle, and concentrate the impressions into a narrower focus at the drum. Ambrose Pare has a poetical theory of the passage of sound as affected by collision. "Such a collision is spread over the air as the water, which, by the gliding touch of a stone, produces many circles and rings, one as it were rising from another. So as in rivulets running in a narrow channel, the water stricken, and, as it were, beaten back in its course against broken, craggy, and steep rocks, whirls about into many turnings, the collision of the beaten air flies back divers ways from acute and hollow roofed places."

NEW MINERAL RESIN.

The last Number of *Brewster's Edinburgh Journal*, contains an interesting notice by Mr. J. F. W. Johnstone, of Portobello, of a substance which he describes as a new mineral resin, and which occurs amongst the refuse of an old lead mine in Northumberland. The author describes the mineral in the following terms:—

"Colour.—Externally, red of various shades, black, and sometimes pale yellow, approaching to the colour of amber. Internally, red, or brownish-red, except in the yellow varieties, and by transmitted light of a brilliant deep-red colour. It yields to the knife, but is hard, brittle, and has a bright glassy small conchoidal fracture. The fragments are transparent, and the fractured surfaces exhibit a pale greenish tinge (an opalescence), which becomes more decided after the lapse of a few weeks; the transparency at the same time diminishing in a slight degree. The specific gravity varies from 1.10 to 1.54 in the dark-red varieties. In the flame of a candle it burns with considerable smoke, and an aromatic, slightly empyreumatic, odour, leaving a small sooty residuum. On the sand bath, in a close tube, it gives off a small quantity of a transparent, colourless, and highly volatile naphtha, having a peculiar odour, resembling that of some kinds of strong cheese. Heated to 400°, it does not melt, but assumes a bright black colour, though, when broken into fragments, it still transmits a rich red light. Over a spirit-lamp it fuses, gives off a colourless naphtha, a red empyreumatic oil, and leaves much charcoal. It is insoluble in water, and is very slightly acted on by alcohol or ether. By hot concentrated nitric acid, it is slowly, but entirely dissolved. When rubbed, it exhibits strong negative electricity. Dr. Brewster informs me, that like amber, it has no crystalline struc-

ture. This substance occurs along with brown spar (carbonate of iron), and carbon-
ate of lime, either in the form of little drops
on the surface of the brown spar, where
cavities occur in the vein, or in the midst of
the massive brown spar, as if it formed part
of the solid stone. In one specimen it rests
upon carbonate of lime, containing crystals
of Chaux, and is covered with a mass of
brown spar."

On the probable origin of this substance,
Mr. Johnston offers some plausible specu-
lations favourable to the Huttonian or pyro-
gentic theory concerning the formation of
primary strata. He then observes:

"The only mineral resin resembling the
present, of which I have seen any descrip-
tion, is the mineral copal, or Highgate resin,
found at Highgate in blue clay. The latter,
however, melted by heat into a limpid fluid,
a character which shows it to differ very
much from that above-described."

"The vegetable origin of amber seems
now established beyond dispute. The col-
lection of embalmed insects belonging to the
University of Upsala, or the equally splendid
private collection exhibited by Dr. Berendt,
of Danzig, at the late meeting in Ham-
burgh, appearing sufficient of themselves to
convince the most sceptical. Yet it is not
substances like the foregoing, whose origin
is incontrovertibly mineral, should be suf-
ficient to lend plausibility to the opinion,
that amber is of mineral origin also."

We believe the generic term of bitumen
would be more appropriate to this substance
than that of resin, inasmuch as one essential
character of the latter class of compounds,
viz. solubility in alcohol, is here absent."

known to the public authorities, than a
council was summoned to make the neces-
sary arrangements for giving all possible
medical aid, and directions to such as might
be seized with it. Papers were instantly
printed and circulated, with a statement of
the precautions to be taken for avoiding the
distemper, and a sketch of the means of cure
to be employed in the first instance, till
medical assistance could be procured; with
a list of the physicians in town; and that no
delay might be occasioned among the poor
who had not servants at command, the senti-
nels, who are stationed night and day in all

parts of the city, were instructed instantly
to report the name and residence of the in-
dividuals seized with it, to the police officers
of the different quarters of the town, who, on
their part, had orders to send the physician
in waiting at the office, or if absent to find
the physician in waiting at the office, or if absent to find
doctors and the council were making a
greater noise about the cholera than the
case demanded; but a few days showed
that it was not by any means a needless
alarm that had been sounded. In two or
three days accounts poured in upon us from
all quarters, from which it appeared that the
disease was of a much more malignant and
alarming nature than the cholera in 1813.
Some were cut off almost instantaneously;
many in the course of two hours; and with
the exception of such as had been instantly
bled, it was said that most of those who had
been seized with it expired. On Wednesday
Aug. 4, being the sixth day of the cholera,
it made its appearance in the Mission House,
in the case of our friend Mr. Becker; on
calling, I found him in great agony, often
convulsed in a most extraordinary manner;
he was seized about four o'clock, and in a
few minutes past ten he expired. The next
of our friends who fell a victim to the cho-
lera, was Mrs. J.—. She was seized
about nine o'clock on Saturday evening, and
died in about twenty-four hours. Her hus-
band, Mr. J.— (Serepta commissioner),
died in the course of three or four days after,
on his way to Serepta Colony, to which he
was conducting his three motherless chil-
dren; his death took place on the side of the
public road, three stages from Astrachan.
On Monday morning Mr. J. S., who is now
recovered, was reported to us as having been
seized. I instantly called down, and was
happy to find that having been bled with
success, and taken other precautions, his
situation was not peculiarly alarming. About
mid-day the governor's son was seized with
it, and expired before the close of day. The
death of the governor's son on Monday was
followed by that of the governor himself of
the same disease on Saturday.

Having thus given you a sketch of the pro-
gress of the cholera in the circle of our En-
glish and German friends, &c., in their indi-
vidual or family capacities, permit me to
bring the scene before you as a whole,
sent to our view. In general, business of
every kind was at a stand; the bank sus-
pended its operations; in the bazaar not a
face was to be heard, and scarcely a
house were abandoned, and a general
gloom was spread over the countenances of
the few solitary individuals that were to be
seen walking through the streets. This
gloom was heightened by their attitude—

moving pensively along with handkerchiefs at their noses, perfumed with or containing camphor, to counteract the infection with which, it was supposed by medical gentlemen, the air was in a manner saturated. According to the best accounts, when the disease was at its height, the number of funerals on one particular day was 500, and on another day 400. More than a thousand were buried about that time in a large sand-pit for want of graves, which could not be got dug so fast as required, nor at a rate that the poor could afford to pay for them, twenty-five rubles being demanded for each. Such a time we have never seen, nor do I suppose that such a time was ever before seen in Astrachan. On the roads leading to the burial-grounds which are out of the city scarcely anything was to be seen from morning to night but funeral processions. During the progress more than sixty officers, from the governor of the city, the commander of the fleet, &c. downwards, fell victims to it, and the number of the dead of all descriptions in the city alone (the resident population of which is not more than 40,000), is calculated at about 6000 individuals, besides 1000, or, according to some, nearly 2000 of those from the interior of Russia, that were passing the summer here, and fed to the towns and villages up the Volga, in the hopes of escaping it. Of these, above forty were found lying on the road side unburied on the first three stages, till notice was given of the circumstance to the commanding officer of the district. But the greater part of the fugitives who fell victims to it, met their fate on the Volga. Nearly 10,000, it is said, left the city in great confusion, and being ill-provided with food and other necessaries, were reduced to such indescribable hardships on their passage up the river, that Calmucks, on its banks, would have no intercourse with them. It is said that one or more of the crews of these boats perished entirely from the cholera, and having none left to man them, were at last carried down the stream with the residue of the dead on board, and that in other cases the ravages were dreadful. From the above statements it would seem that a sixth or seventh part of the population of Astrachan, chiefly adults, have been cut off by the cholera; and it is supposed that the one half of the adults have been more or less affected by it. Some children that were seized with it died; but the proportion of these in comparison of adults was small. Mr. J. S.—a youngest child died of it, after having been abandoned by its nurse. The cholera is now as far up the Volga as Semtoff, and as far west as Kieff.—*Bridged from the Scot. Mir. and Phil. Register.*

OF THE ASSOCIATION OF MEDICAL PRACTITIONERS AT NEWCASTLE, AND THE ESTABLISHMENT OF SCALES OF MEDICAL FEES.

To the Editor of THE LANCET.

SIR,—When I invoked the assistance of your pen in support of the objects of the Association of General Practitioners established in this place, you will readily believe that I anticipated not your opposition instead of your support; that I little expected you to designate the principle of our proceedings unsound, and to impute to us the very essence of monopoly. I have to thank you, however, for the readiness with which you have given a place in your Journal to the communication I sent you; and though I hope, with some confidence, that on the profession generally it will make a very different impression from that expressed by yourself, yet knowing as I do the influence of your opinions on many of its members, I feel myself called upon to endeavour, rather to alter your view of the subject by farther explanation, or to neutralise the effect it is calculated to produce in preventing the adoption of the course recommended by other practitioners throughout the kingdom. It does appear to me strange to accuse the Association of monopoly, when, by one of its fundamental laws, every legal practitioner is not only admissible, but is actually invited to become a member; and surely you would not recommend us to invite the St. John Longs of the neighbourhood to join our Fraternity. Where then is the monopoly? It is as extended as the numbers of practitioners at least (and they are certainly not a few), and I am at a loss to know how its basis can be more extensive or more liberal; it is neither our wish to limit the existing number of practitioners nor to prevent their increase. On the score of monopoly then I am able to see no want of soundness in the principle. But you say, it is further unsound, in its being an endeavour to estimate the value of mental acquirement and skill by the gross inefficient test of a metallic standard." Bane, indeed, would be the attempt (materialist as I may be) to bring the intellectual exertions of a high and noble mind into comparison with the glittering dross which is too frequently the effective stimulus to human efforts, and which has unfortunately become the medium of compensation for all human services. It is indeed a subject of deep regret that it should be so; and of yet deeper regret that medical practitioners, however exalted may be their principles of action—however generous and philanthropic, and disinterested their desire to save life and to relieve suffering—that those humane and enlightened

men should yet need food and raiment, and whereof to be lodged; that those things are only to be obtained by means of gold, and that their only means of obtaining the latter necessary ingredient in their intercourse with the world, is by receiving it in exchange for their professional services. If all this be true (as I fear it is, however his truth may be deplored), where is the unsoundness of the principle, I would ask, which proposes to receive this golden compensation in direct exchange for the mental skill supplied, instead of under the false pretence of a physical equivalent? You speak of the lawyer's fees as not being fixed by any regulations; but still they receive fees (and pretty large ones too, as I believe is not unknown to yourself), and as the direct reward for their mental labours. As to the greater or smaller sum which any practitioner, whether a member or not of the Association, might choose to charge for his services, this must be regulated by his own ideas, by those of his patients, by their power of rewarding him, and by his reputation; it is neither our wish to limit nor to enhance the amount of compensation, but to place it on its proper ground, that it may be a professional and not a trading compensation. As to your remarks about young practitioners being deprived of the opportunity of making their way amongst the poorer classes of society, I confess I cannot see their pertinency. The scope given to our table provides supply for such cases, and in the preamble care was taken to protect them from suffering loss by any such compromise of their interests. I have endeavoured to compress these remarks into the smallest possible compass, because they will thus more conveniently claim the attention of practitioners; I trust they may also induce you to reconsider the case, and that your view of it may alter. I believe you to be the sincere friend of the General Practitioner, and that you will have candour enough to confess that your remarks in *The Lancet* of last week were hasty and ill-considered, should they hereafter (as I can- not but believe they will) appear to you in that light. I shall watch for your further sentiments on the subject, and will prepare myself to reply to them should they be inimical to the views of our Association. In conclusion, I invite opinions from other quarters, which I will not doubt your readiness to insert in your Journal; and that the true spirit of the Association may be fully understood, I would suggest to you the propriety of your publishing the code of laws for its regulation with which I furnished you. I remain, Sir, your very obedient servant,

T. M. GREENHOW.
Newcastle, Jan. 25, 1881.

The foregoing letter, though dated Jan. 15, did not reach us until a few days back. We embrace the first opportunity of giving it insertion. Mr. GREENHOW does us no more than justice, in believing that our remarks were not dictated by a spirit of hostility towards the interests of the surgeon in general practice whose cause we have advocated, and not we hope unsuccessfully, from the first moment that *THE LANCET* appeared before the public.

With regard to the policy, and even the practicability, of the "Regulations" proposed by the NEWCASTLE AND GATESHEAD ASSOCIATION, our opinions remain unchanged, and Mr. GREENHOW, without being aware of the nature and extent of his own convictions, formed by circumstances in medical practice over which he neither has had, nor ever can have any control, concurs with us most fully in all that we have advanced on the subject, when he says, that "as to the greater or smaller sum which any practitioner, whether a member or not of the Association, might choose to charge for his services, this must be regulated by his own ideas, by those of his patients, by their power of rewarding them, and by his reputation."

Now, as it is not in the power of the Association to regulate the ideas of the practitioner, the reputation of the practitioner, or the pecuniary capabilities of the patient, how can definitive "regulations" for specific charges be rendered available in a profession like ours?

In conclusion, we may observe that our pages shall be open for the full discussion of this question.

MEDICAL ATTENDANCE ON PARISH PAPERS.

To the Editor of *THE LANCET*.
SIR,—Observing in *THE LANCET*, No. 368, a letter from Mr. J. Hoare on the above subject, and having had some little experience in this matter, I beg leave to offer him, through the medium of the same useful and

excellent periodical, what little information I may have upon the subject of his claim, to which I will confine myself as closely as possible, the subject, generally, of medical attendance on parish paupers being too voluminous for one communication. Indeed, it ought to be dealt with under different and distinct heads, as there is great room for amendment, and medical men have grievous causes of complaint, although I am willing to allow that in many instances they bring them upon themselves.

I should presume that Mr. J. Hoare was not the medical attendant on the poor of the parish in which his patient lived. Did she apply to the officers of the parish in which she resided for medical assistance, or receive relief from them in any way whatever? If not, I conceive the amount of his bill becomes a private debt between the medical man and his patient, as a person cannot be considered a pauper until applying for parochial relief. The proper course would have been for the patient to have applied for relief to the officers of the parish in which she resided, which they are bound to give if required; they would then (she having become chargeable to them), for their own protection, swear her to be a parish, and if she were unfit for removal, the order would be suspended until she became well. The patient having recovered, and the order being renewed, the medical man is paid his just demand by the parish to which she legally belongs. Poor people who reside out of their parishes seldom like to apply to the officers for medical relief only because they know that they will be sworn to their parishes, and, as soon as they are able, removed home, to which, generally speaking, they have an insurmountable objection. The consequence is that the medical man is called upon to attend (and from motives of humanity he cannot refuse) without the remotest chance of remuneration. Had Mr. Hoare's patient applied to the officers of the parish in which she resided, and had they neglected to afford her relief, then I conceive he could have recovered every shilling for his attendance, &c., from the time of her application to them. I recollect a case of this description occurring a few years ago to Thomas Osbaldeston, Esq., M.D., a highly-respectable and talented practitioner in the town of Hatfield, Herts; and I make no doubt should this meet his eye, he will not hesitate a moment to afford the particulars; it was tried about seven or eight years since at Hatfield, and the medical man succeeded. The case was "*Osbaldeston v. The Parish of St. Peter, St. Albans, Herts.*" Except at the particular request of the patient to the contrary, the parish officers usually send their own controlling medical pauper attendant,

who, it is well known, frequently contracts at a very low salary, calculating upon deriving some considerable pecuniary advantage from *suspended orders*: it is a system of robbery and prostitution of principle, to which, I am sorry to say, a certain class of medical men too often lend themselves.

As the season is now fast approaching when parishes will be called upon to appoint medical attendants on the poor, it will be a source of pride and satisfaction to me to take an early opportunity of exposing, so much as in me lies, the present unjust and odious system, and the grasp-all and exclusive conduct of the unprincipled part of the medical profession themselves.

I remain, Sir, your obedient servant.

W. S. BOWEN, M.R.C.S.

Isleworth, February, 1831.

PROPOSAL TO RE-ESTABLISH A LONDON PHARMACEUTICAL SOCIETY.

To the Editor of THE LANCET.

SIR,—The advantages which medical science has derived from your columns are only equalled by the desire which you possess to extend a knowledge of all its branches. I have for some time anxiously watched the proceedings of the various scientific bodies of this vast metropolis, and no one has presented greater attractions than the Medicobotanical Society, so far as therapeutics are concerned; but it appears to me that this Society has not, and does not, advance the practice of medicine, by enabling the practitioner to understand more fully, or to employ more advantageously, the various articles enumerated in the catalogue of the *Materia Medica*. Consequently, it is to be regretted that a more efficient society for promoting pharmaceutical science does not exist. I shall therefore, with your permission, propose that a "*London Pharmaceutical Society*" should be forthwith established, and the members of the medical profession in this and other countries invited to become members. If, through the medium of your useful and widely circulated journal the sentiments of the profession could be ascertained, and a place of meeting fixed upon, much good might be done; and if to this society a library of reference, a museum of specimens, and a class-room, could be added, many persons could come forward to unite their efforts in behalf of such a useful undertaking.

Should you consider such a society likely to advance pharmaceutical science, I hope you will lend your valuable support in its behalf. I am, Mr. Editor, your great admirer and constant reader,

PHARMACOPOLUS.

London, Feb. 1831.

DISLOCATIONS OF THE SEMILUNAR CARTILAGES OF THE KNEE-JOINT.

To the Editor of THE LANCET.

SIR,—Will you allow me to ask the profession, through the medium of your widely-circulated and invaluable periodical, the following questions? I am, Sir, your obedient servant,

SAMUEL MITCHELL.

Kingston, Feb. 1831.

Whether they have met with dislocations of the semilunar cartilage or cartilages of the knee-joint?

How the accidents have been produced?

What are the peculiar symptoms?

What the best mode of reducing them?

And what the after treatment?

Whether they can refer me to any museum in the metropolis containing preparations of the above accident? (Simple displacement of the semilunar cartilage or cartilages.)

Can they refer me to any author who has written on the subject from actual experience?

In extensive inflammation, injury, or disease of the knee-joint, where they expect the case will terminate in ankylosis, what is the most desirable position of the limb during treatment?

Where ankylosis of the knee-joint has taken place in the straight position, is it advisable by the continued or occasional application of mechanical force to disturb it for the purpose of re-establishing ankylosis with the limb in a bent position?

LETTER FROM DR. HANCOCK.

To the Editor of THE LANCET.

SIR,—I have noticed in the last Number of THE LANCET (Feb. 26th), your remarks on a paper of mine inserted in the *Edinburgh Medical and Surgical Journal*. I esteem the criticism of one who can impartially view his subject, and, at once, without prejudice, bestow both praise and censure.

The intention of that paper was, in part, to show the mistakes which prevail in the colonies, in respect to the nature and treatment of *mal d'estomac*, and, in part, to show that the disease does not essentially differ from the common leucophlegmasia, or dropsical habit of other countries. The paper may be worthless in respect to its execution; the subject, however, as a species of ca-

chexia, cannot be altogether destitute of interest, either in the colonies or elsewhere. It should be considered, I presume, of more importance than the tedious discussions lately put forth regarding the dracunculus or guinea-worm, a subject little dreaded, and now rarely seen, even in the West Indies or South America. Still more rarely shall we meet with cases of "boiled African legs," noticed by you in THE LANCET of Saturday last, a subject quite new to me, although an immersion of the *soles of the feet* in warm alkaline leys, and subsequent applications of poultices, are successfully resorted to for the removal of the crab-yaw, or tubboos, so called in Demerara.

I must beg leave, Sir, to observe, I had confided the revision of many papers to a person who pretended to great dexterity in literary pursuits, which was subsequently verified only in respect to the work of cutting, pasting, and making a display, which, in his agreement, he termed correcting, arranging, and revising for the press. I should state to you, that I had a large mass of MSS., consisting of memoranda, journals, and detached notes, which had accumulated during a residence and sojourn, of twenty-five years in South America, written under all the different circumstances in which travellers find themselves occasionally placed, whether in the plantation, hospital, or the open savannah; in the thickets of the forest, in the couiral upon the rivers, or in the huts of the natives. I had vainly hoped to get rid of the trouble of revising and reducing them to order; but I have found to my cost the truth of the old remark, that he who would have work tolerably performed, must do it himself. The said paper on cachexia, to the bad language of which you have objected, is one of those arranged by the literary professor in question, with the exception of the note, the only part you have extracted, and which note I had subsequently added. I shall trust to your candour and liberality to insert these remarks in your next Number, as containing some apology for the uncouth language about which you have with reason complained, but the proof of which I had not the opportunity of correcting, as in papers printed here.

I herewith take the liberty of forwarding for your inspection, a small pamphlet on the "*Siruba, or Native Oil of Laurel*;" for the many defects of which I must myself be responsible, as no one else was concerned in its revision. I am, Sir, with sentiments of the highest regard,

Your most obedient humble servant,

I. HANCOCK.

13, Nelson Street, Commercial Road,
3rd March, 1831.

THE LANCET.

London, Saturday, March 12, 1831.

MEMBERS of the Royal College of Surgeons in London! Read with care, and with as much coolness as you can command, the report contained in the following pages. For ourselves we shall only state on this occasion, that the infamous authors of the diabolical outrage shall be speedily brought to justice. In the mean time, they must stand condemned at the bar of public opinion.

Before giving the report, we deem it right to insert in this place, the names and addresses of the members of the council,—that council which caused the members to be attacked in the theatres of their own college, by a body of men armed with staves, and hired for the occasion from one of the public offices of police. These names ought to be as well known to the public as they are to the profession. More we shall not say, as the course to be adopted with regard to legal proceedings is not yet definitively settled.

NAMES OF THE COUNCIL.

Robert Keate, Albemarle-street.
 John P. Vincent, Lincoln's-inn-fields.
 Sir Wm. Blizard, Knt., Devonshire-square.
 J. A. Hawkins, Great Marlborough-street.
 William Lynu, Clapham.
 John Abernethy, Enfield.
 Wm. Lucas, Grotes-buildings, Blackheath.
 Sir Astley Paston Cooper, Bart. Serjeant
 Surgeon to his Majesty, Conduit-street.
 Sir A. Carlisle, Knt., Langham-place.
 H. L. Thomas, Leicester-place.
 Geo. Jas. Guthrie, Berkeley-street.
 Anthony White, Parliament-street.
 John G. Andrews, St. Helen's-place.
 S. Cooper, Great Russell-st., Bloomsbury.
 Thomas Copeland, Golden-square.
 John Howship, Saville-row.
 James Briggs, Edgware-road.
 Wm. Lawrence, Whitehall-place.
 Benj. C. Brodie, Saville-row.
 Benj. Travers, Bruton-street.
 Hen. Earle, George-street, Hanover-square.

THE proposal which was made by the Editor in the last Number of this Journal, that the members of the College of Surgeons should meet in the theatre of the College on Tuesday the 7th instant, an hour previous to the delivery of the lecture, was received by the profession with the warmest approval; and a more numerous, respectable, and sincere body of gentlemen, prepared to support their insulted brethren, never acted together in any institution. The proposal was made in the following terms:—

“It is the duty of the members to proceed, and not to allow their ardour to be checked. Their own theatre is still open to them, and as the Council have refused to apply to the Lords of the Admiralty, the members have now only to select a *deputation* from amongst themselves, in order to accomplish the object of the resolution which was adopted on the 14th ult. The “lectures” for the session have now commenced; they are delivered on Tuesdays, Thursdays, and Saturdays; *the doors leading to the theatre are opened at three o'clock*, and the lectures commence at four.* Let those members, therefore, who are of opinion that the naval surgeons should not be deserted, should not be left to their fate, should not be suffered to be laughed at by underlings, and sneered at by haughty lieutenants, attend at the College at the opening of the doors on Tuesday next, when there will be sufficient time to agree to other resolutions, if deemed necessary, and to appoint a deputation of three, four, or five members to wait upon the Lord Chamberlain, who, we are informed by Sir JAMES GRAHAM, is the most proper person to be consulted on the subject. This is the only course now open to us; it is the only course which can be adopted with the least hope of procuring for naval surgeons a reinstatement to that position from which they have been so unjustly, so unthinkingly, and so insultingly expelled.”—LANCET, March 5.

Annoyed by this judicious announcement, an advertisement, of which the fol-

* “Days of lecture, Tuesday, Thursday, and Saturday, at four. The doors will be opened at three.”—Ticket of admission issued by the Council.

lowing is a copy, was published by the Council of the College in the morning papers of Tuesday last, and a circular containing a similar "intimation" was sent to several members residing within the circuit of the twopenny post.

"*Royal College of Surgeons.*

"An intimation having been given that it is proposed, by certain individuals, to make the theatre of this College a place for publicly discussing a question relating to the surgeons of his Majesty's navy, previous to the lecture on Tuesday, the 8th instant, the President and Council deem it proper, in the discharge of their duty, strictly to forbid any such attempt being made, and to apprise the members that the theatre is opened for the sole purpose of the lectures.

"While the President and Council earnestly recommend to the members of the profession at large to abstain from any public discussion of the subject in question, from regard to the interests of those whose cause it is professed to serve, they at the same time give this notice of their determination henceforth to prevent discussions on any subject from taking place in the theatre of the College.

"The doors will be opened to-morrow, and in future, at a quarter before four o'clock, and the lecture will commence at four.

"By order of the Council,
"EDMUND BASTOURN, Sec.
"March 7."

Scarcely, however, believing this document to be authentic, or ignorant of its existence, a very considerable number of gentlemen attended at the doors of the College at the time originally appointed for admission, where evidence was immediately presented to the members, that the advertisement had really emanated from the office of Mr. BASTOURN. One half of the front door was open, and in the porch was placed the porter of the College in his official robe. The other half was closed, and upon it was posted a copy of the "intimation." The back door of the College, by which the members were compelled to

enter until the spring of 1827, and through which the students are even now obliged to pass, was entirely closed, and presented a similar notice. The members who first arrived of course immediately presented their tickets and demanded entrance, but this the porter refused, saying he had orders to let "no person" in until a quarter to four. Protests against this treatment were made in vain, the members continuing to increase in number every minute; and although it was then raining fast, accompanied by a wind which exposed the whole of the gentlemen assembled at the doors to the effects of the weather, admittance even to the hall was sternly denied, while a number of the Council and their friends were seen looking and laughing at the windows above.

This state of things lasted until about twenty minutes to four, when Mr. WALLER arrived, and passing through the crowd, the porter at the door immediately drew back, but said, "You cannot go in, Sir;" Mr. W., however, proceeded without experiencing hesitation. A curious scene occurred on the approach of Mr. WALLER and the members through the passages. The door of the hall leading to the theatre having been suddenly and violently closed, there were heard in the hall various exclamations, and the chairs and tables amidst the disorder seemed to be thrown about in the utmost confusion. Some of the members believed that the persons put to flight consisted of individuals with whom it had been designed to pack the theatre. The hall door being thus closed, the members remained in the passages until, by the College clock, thirteen minutes to four, when, the bolts and bars having been removed, the members were generously permitted to enter their own theatre, which in six or seven minutes was crammed in every part, and a vast number of gentlemen were unable to obtain admission.

When silence was obtained, Mr. WALLER was called for from every quarter of the theatre amidst acclamations, and immediate-

ly also eighteen or twenty individuals commenced hissing with great vehemence. A person who hissed violently, on being challenged by Mr. WAKLEY, was compelled to acknowledge that he was not a member, and was desired to leave the place, when, amidst the sneers and execrations of the members, he left his seat and went below amongst the Council and visitors, where he was instantly recognised by Mr. MAYO, with whom he shook hands with all the familiarity of established friendship. Two others of the most prominent of the hissers acknowledged that they did not belong to the College, and were obliged to decamp. It is said that they were clerks of the solicitor to the Council. There were some noise and confusion occasioned by the acclamations which arose whenever some of these persons hissed: at the same time numberless were the exclamations on the part of the members, that as they had been kept waiting in the open street, the President and Council should now be made to wait for them. They complained in bitter terms of the insults to which they had been subjected. Mr. WAKLEY, however, agreeably to his notification in *THE LANCET*, declared that it was not his intention to interrupt the "regular" business of the day, and that on the President's entrance he should merely put a question to him relating to a circular signed "EDMUND BELFOUR," when he should quietly resume his seat until after the conclusion of the lecture. Notwithstanding this announcement, the exclamations "Proceed to business," "Now is the time," "The Council have used us infamously and they ought to be kept waiting," were frequently repeated.

Precisely at four o'clock, the President, accompanied by many members of the Council, and a *possé* of Bow Street officers, entered the theatre. The only members of the Council whom we recognised were, Mr. TRAVERS, Mr. VINCENT, Mr. GUTHRIE, Sir ASTLEY COOPER, Sir WILLIAM

BLIZARD, Mr. BRODIE, Mr. HOWSHIP, Mr. COPELAND, Mr. BRIGGS, and Mr. EARLE. Mr. KEATE acted as president. There may have been others, but we do not recollect to have seen them. The number of visitors was unusually small, and did not comprehend, so far as we could discover, a single individual of note or reputation. The ruling powers were received on their entrance with very unequivocal marks of dissatisfaction, the hissings and complaints of insults having been almost general throughout the theatre. Mr. KEATE had no sooner taken his seat than he rose, and waiving his hand, seemed to request silence, but we were unable to hear a single word that he uttered. Mr. WAKLEY rose at the same time, holding the college circular in his hand, in order to ascertain whether that document had been issued by the authority of the Council. Mr. KING, Dr. MONSON, and other gentlemen, also rose to address the assembly, but no person succeeded in obtaining a hearing. There were, still, continued cries that the Council had offered a gross insult to the members, and that the lecturer ought not to be allowed to proceed, while others as forcibly contended that the lecture should be heard, and that the question of the naval surgeons should be considered afterwards. Mr. GUTHRIE, from the motion of his lips, appeared to say something, but his voice did not reach the upper part of the theatre. In the midst of the confusion, SMITH, the Bow Street officer, was sent up to Mr. WAKLEY, and this attempt to intimidate the members in the exercise of their just rights, caused the utmost uproar. There was a general movement towards the centre of the College, where Mr. WAKLEY was seated, and the members crowded around, in order to prevent the approach of the officer. Mr. WAKLEY, however, requested that no obstruction might be offered, and that the officer might be allowed to approach him, observing, that there could be no doubt that both

of them knew their duty. SWINN, having reached Mr. WAXLEY, said he had come to request that gentlemen to withdraw, a request with which, however, Mr. W. refused in the most peremptory terms to comply. He said, "Officer, take notice, I am perfectly quiet; I am committing no act of violence, I am committing no breach of the peace. I am sitting here in the part performance of an important duty, and you know, as well as I, that you have no right to make an attempt to remove me from this theatre." SWINN acknowledged the accuracy of this assertion, and returned to his worthy employers, who were in high dudgeon; he was urged again and again to go in the obnoxious quarter; but he said, "Gentlemen, it is of no use, I have no right to interfere if there be not a breach of the peace, and Mr. WAXLEY knows perfectly well what he is about." The solicitor, WILKS, seemed to be most anxious for the employment of the constables STAYES. After this scene had continued for about a quarter of an hour, the President and his precious colleagues quitted the theatre amidst loud and general cheering. Mr. WAXLEY observed, it was to be regretted that they had not listened to the lecture on *heroin*, as *rupture* was certainly a very appropriate subject to be considered on such an occasion. This, for a time, restored the audience to good humour. Several gentlemen again endeavoured to obtain a hearing, but were unsuccessful. Mr. KINO, Dr. MORROW, Mr. DERMOTT, and Mr. STANTON, made vigorous efforts, but failed to make themselves audible from the noise which prevailed on one side or the other. The hisses, however, which is rather curious, always appeared to proceed from the same quarter. No matter whether it was the President speaking, the lecturer, or any of the members, the hisses came from one spot or from one knot of persons in the upper range of the building, and not from the members' department. In a short time the lecturer returned, and handed the pre-

parations which he had left, to the servants and attendants, when he made his bow and finally retired.

The demands for the discussion on the naval question were now renewed more loudly than ever, when Mr. WAXLEY rose and remarked, that as it still wanted twenty minutes to five, they had better not proceed until the hour had expired. This suggestion obtained approval, and the assembly remained perfectly quiet, free alike from agitations caused by cheers and hisses, until within a few minutes of five, when the calls were repeated with so much earnestness from every part of the theatre, that,

Mr. KINO rose and said, that as they were about to discuss a subject of the deepest importance to the profession, he would take the liberty of moving, that the oldest member then present should take the chair.

Mr. DERMOTT seconded the proposition, which having been put to the meeting was carried with acclamation.

Mr. STANTON was soon pointed out as the venerable and respectable gentleman in whom the meeting would find an able president. That gentleman, however, not from any lack of zeal in the cause, but from severe ill health, was obliged to decline the intended honour.

An elderly GENTLEMAN on one of the lower seats inquired if there were no naval surgeons who would come forward, and if it were well known that the naval surgeons themselves complained of their grievances?

Mr. WAXLEY stated, that he had received innumerable communications on the subject: the naval surgeons felt deeply insulted, but they did not dare to come forward in their own behalf, as by so doing they would sacrifice every hope of preferment. The first agitators of the question would not be forgotten. A naval surgeon, who had been in the service nearly twenty years, had been with him that morning, and declared, that he dared not take one open step in the matter, and that when a man entered the navy, such was the arbitrary and tyrannical nature of the service, that he could not hope for advancement unless he consented to relinquish every right and privilege as an independent man.

In consequence of the indisposition of Mr. Stanton, Mr. KINO moved, that Mr. GOSNOLD should take the Chair. This motion having been carried unanimously, Mr. WALKEB rose and said, that as it was a question of such immense professional importance, he thought it was the duty of every practitioner to lend his assistance, in order to relieve the persecuted naval surgeons from the disagreeable effects of the "exclusive" regulation, and therefore he would comply with the wishes of the meeting, and take the chair. (Applause.) On turning round to go towards the President's seat, which is formed by a couple of elbows fixed upon the front bench, Mr. WALKER remarked that Mr. WALKER had better take his position at the summit of the members' seats, for that the President's "chair" was only a "stool." Mr. WALKER then amidst considerable laughter proceeded to take his place at the upper part of the theatre, and it was fortunate for him that he followed the advice which had been proffered, otherwise he might have been the first to have suffered from the staves of the President's congenial friends, the Bow Street officers. Mr. WALKER now rose and spoke to the following effect:—Mr. Chairman, and members of the Royal College of Surgeons, when this subject,—the exclusion of naval surgeons from attending his Majesty's levees, was brought before the attention of the College the other day for the first time, it stood as a detached subject,—one which was entirely unconnected with our rights as members of this College. Unfortunately from very untoward circumstances, the question has now become involved with many others which seriously,—most seriously affect our rights (Cheers); and, Gentlemen, from the insults we have all just received from the Council of this College (hear, hear, hear), I fear we are not in a temper to discuss the question relating more immediately to ourselves, with that coolness and moderation which its importance demands. I certainly feel those insults strongly, (hear, hear, and cries of "So

do we all,") and were it not that I might injure the cause of others, I would freely give vent to my feelings respecting this outrage. (Immense cheering.) Gentlemen, when the President and Council of the College entered the theatre, I merely rose for the purpose of asking whether they would authenticate a letter (as it is called) which bears the signature of the secretary of this institution. After having put a question to them to that effect, it was my intention instantly to resume my seat, and to allow the lecture, as far as I was concerned, quietly to proceed, without any interruption whatever; thus much I intimated in TEN MINUTES of last week.* But the opportunity was not afforded, and as the Council have now retired, and with them the lecturer, the benefit of whose talents we cannot enjoy to day, I think we had better pass only two resolutions—the first of which I am about to move, expressive of our regret that the Council refused to act upon our "resolution" of the 14th instant on the ground of "irregularity," and the other upon the subject of appointing a deputation to wait upon the Lord Chamberlain; and when we next meet the Council, we had better then address them upon the subject of their insulting conduct (hear, hear, hear); for if we were to discuss that topic in their absence, they might lose much valuable information—information regarding the feelings of the members, and the laws by which the College ought to be governed, for they know as little of the law under which they exercise their authority, as does the table upon which that young man is writing. (Cheers.) You saw a Bow Street officer advance to us. (Cries of "two," "three," "four.") Well, three or four Bow Street officers; but the one who came first, in particular, knew his duty. He would not put his hands upon me—if he had, he knew what would have been my duty. I hope when we see the Council again, they will come

* "In conclusion, we take leave to remind the members that they should be at the College by eleven o'clock on Thursday next, for the proceedings relating to naval surgeons ought to be commenced within ten minutes or a quarter of an hour after the opening of the theatre, in order that they may be concluded, if possible, before the period allotted for the commencement of the lecture. It should be our earnest desire to avoid any just ground of offence, and it is highly important not to interfere with what the Council designate the 'regular business' of the day."

forward and make as manly and ample an apology for their conduct as the circumstances demand. (*Hear, hear, hear, and a few hisses from the Knot.*) Gentlemen, it was not my intention to read this circular to you, but as there are some persons hissing (*cries of "pupils"—"pupils only"*), I will read it, and you will say whether animadversion upon such a document calls for a hiss from any being bearing the form of man. It is signed "Edmund Belfour, Secretary," and is one of the most extraordinary specimens of composition ever met with. It cannot be the production of the Council, but must have been indited by Mr. Belfour's cook. (*Laughter.*) You are aware that the theatre *was* to have been opened at three o'clock; and I intimated that soon after that hour, in the absence of a more competent individual, I would bring forward a motion on the subject of the exclusion of the naval surgeons from the KING's levees. I had not the least intention of interrupting the "regular" proceedings of the day. I knew too much of the law to give our enemies such an advantage. This is the circular. [Mr. Wakley then read the document headed "Royal College of Surgeons in London," already inserted, and made some critical remarks on it, which produced much laughter.] "The President and Council earnestly recommend to the members of the profession at large, to abstain from any public discussion of the subject in question!" Why, you see, Gentlemen, there is their own chronicler; he is the author of the publicity; (*pointing to a short-hand writer, who was taking notes at the lecturer's table.*) The Council have made it public, and they are about to celebrate this College by making it the last monument of expiring professional despotism. (*Cheers.*) I recollect a certain aged gentleman, one of the Council, who entertained a strong antipathy to HATS. When this worthy sage entered the theatre one day, he saw a gentleman sitting with his hat on in the gallery; on observing it, he got into a tremendous rage, and sent the officer to remove the obnoxious object from his view. Some one exclaimed, "Oh, sir, the gentleman is a Quaker." (*Great laughter.*) Now I think the cause of the offence in that instance was as contemptible as the cause of the offence of which we are the unwilling authors, and the explanation will have just the

same weight; however, a few days will show. "While the President and the Council earnestly recommend to the members of the profession at large to abstain from any public discussion of the subject in question,"—deeply, no doubt, feeling for our interests, and as deeply for our pockets—(*Hear, hear*)—"from regard to the interest of those whose cause it is professed to serve, they at the same time give this notice of their determination"—*determination*—(*laughter*) I wish I only knew the author of this composition, I would employ him; I would give him a handsome salary—(*continued laughter*)—"henceforth to prevent discussions on any subject from taking place in the theatre of the College." Now, Gentlemen, you are to come and see that monument, (*pointing to the bust of Mr. Hunter*), and get all the information from it that you can. (*Hear, hear.*)—That piece of marble is to reflect the light of science into your minds, and you are to go away and congratulate yourselves for enjoying such an extraordinary advantage. (*Hear, hear.*) Now, Gentlemen, I wish to know whether you think I was not perfectly justified in asking the President, whether this jumble had or had not issued from the Council?—(*Hear, hear, and cries of "Yes, yes,"*)—And if I had been answered in the affirmative, I should have required a list of the names which are attached to this order; and further, I was about to demand that those names should be printed for the information of the members at large. (*Cheers.*) I shall say no more now on this recent insult, neither shall I propose a vote of censure on the conduct of the Council, for I think that measure ought to be carried in their presence. (*Hear, hear, hear.*)

A MEMBER called out, It had indeed been passed to-day.

MR. WAKLEY—Really I think so; and if the members will attend here on a future day, I believe the work of purification may be judiciously left to them; but at present we will confine our attention to what has transpired relative to our fellow-sufferers—the navy surgeons; our companions in science and persecution. (*Cheers.*) When we meet here again on Thursday next we shall have ample time to adopt measures in support of our own rights. However, the whole affair rests for your judgment, and I

beg leave to propose this resolution for your consideration ; and I trust that some gentleman will be found to second it. Before putting the resolution, I ought to state, that in 1805 surgeons in the navy were placed on an equality of rank with captains in the army, and lieutenants in the navy. At that time we were at war, and this, I suppose, was held out as a bait to catch those meritorious gentlemen ; but having now little occasion for the services of naval surgeons, these officers have been prohibited from appearing in the presence of their KING ; and what is most extraordinary, in the presence of a *Sailor-KING*. (*Loud cheers.*) Probably the less we dwell on this point the more advantageous will our proceedings prove to those whom we are anxious to serve ; besides, we may not yet be in possession of all the facts connected with this extraordinary transaction ; but I must say, that the insult offered to these officers in this *circular* is a far greater insult than even that which has been offered to them by the Lords of the Admiralty. Is not the language exhibited here an insult to naval surgeons ? (*Cries of Yes, yes.*) Have they committed any faults ? (*Cries of No.*) Then how dare any man, or any set of men, insinuate that they have been guilty of any impropriety to deserve such an insult as this from the Council ? (*Hear, hear.*) These officers do not shrink from, but court, inquiry. It is the imperious duty of the members of this College to demand that their conduct be publicly discussed, so that the stigma attempted to be cast upon them shall be as publicly removed. (*Loud cheers.*) And it ought further to be made known that it has been cast upon them by some mistake or by some circumstance other than improper conduct on the part of the Naval Surgeons themselves. It is said they are only *Warrant Officers*. It is very true they are warrant officers, but they are not warrant officers of the class you would expect, being in fact placed with the ship's cook, with the gunner, the carpenter, and the boatswain. (*Hear, and Shame, shame.*) Gentlemen, I ought further to tell you, that the surgeons of the army are commissioned officers, and that the palace of the King is open to them merely from the rank they hold ; and it was only in July last that a new arrangement was made in

favour of those officers by increasing their pay. But now that we have a sailor King the sailor surgeons are to be excluded from the palace, and visited with the sneers and scoffs of their fellow-officers. I ask you whether it were just or reasonable or manly in us to allow this stigma to tarnish the character of these meritorious officers, without using every effort in our power to get it removed. (*Hear, hear, and cries of Certainly not.*) Nor, Gentlemen, is this all, for in order to increase the injury that has been done by affixing this stain to naval surgeons, it is now intended that the army surgeons shall very soon share the same fate. (*Shame.*) Under these circumstances it is our duty to act promptly, actively, and decisively. If meetings in this college prove not sufficient, we must hold meetings elsewhere (*hear, hear*), and never rest satisfied until justice is fully established. (*Loud cheers.*) I may remind you that the Council would not act on our former resolution, on the alleged ground of *irregularity*. I suppose they do not consider their own by-laws irregular. I shall read you one of them. If they declined to act on our resolution, they might have acted on their own by-law. I should tell you that these by-laws are of no avail whatever, unless they are signed by three of the judges, therefore you may judge of the value of their by-law of yesterday. Undoubtedly many of the "Orders" which have been signed by the judges are not legal, and should they ever be considered by these learned persons while sitting *in banco*, they will discover that they have signed their names to clauses which can never be converted into law. The by-law I allude to is this :—"The College will, at all times, protect and defend every member who may be disturbed in the exercise and enjoyment of the rights, privileges, exemptions, and immunities, acquired by him as a member thereof." Is this by-law "irregular?" Although, too, they will not protect the members, yet they like you so much that they will not allow you to throw up the diploma without paying "the sum of ten guineas." (*Hear, hear, hear.*) I would ask, What gave the naval surgeons the right to hold their offices in the navy, if not from the diplomas received in that and other colleges ; and yet, when these excellent surgeons are insulted, this is the mode adopted by the President at

Council to support them. (*Hear.*) I beg to move this resolution.

"Resolved,—That the members of the Royal College of Surgeons in London now present, deeply regret that the President and Council have sympathised so little with the feelings of the members assembled at this theatre on the 14th ult., as to have declined to act upon the resolution unanimously adopted at that meeting, on the alleged ground that the proceedings were irregular; and that this refusal is another added to the already innumerable existing proofs that the President and Council are alike indifferent to the honour, happiness, and respectability, of the commonalty of this chartered College."

Mr. COMPLIN seconded the resolution.

The CHAIRMAN put it to the meeting, when it was carried, only two hands having been raised against it.

Mr. KING rose to address the meeting. He thought he might direct a few observations, in the first place, to some of the young gentlemen in the gallery, who, in all probability, would by and by be colleagues of the members then assembled. He thought he had observed that the pupils who had hissed what had been proposed and done by the members, were many of them young gentlemen attending St. Bartholomew's Hospital. (*Cries of "No, no," "St. Bartholomew's pupils are not opposed to the proceedings."*)

The CHAIRMAN felt bound to call Mr. King to order. The members were met for the purpose of discussing their rights; and if any gentleman rose to address the meeting, he must address himself to members of the College, and neither to pupils nor visitors. (*Cheers.*)

Mr. KING was just beginning to proceed, when,

Mr. BELFOUR approached Mr. Wakley, and put into his hands a paper, having written upon it the following words:—"Mr. Wakley, you are required by the PRESIDENT and COUNCIL to quit the theatre."

Mr. WAKLEY then read the notice to the meeting, and refused to withdraw. The mandate was received with loud marks of disapprobation, nor were these diminished when Mr. BELFOUR exhibited over the lecturer's table a large paper, having inscribed upon it the following courteous intimation:

"The President and Council require the MEMBERS and STUDENTS to quit the theatre."

The ink on this paper was not dry, and the short-hand writer had not time to copy the words, before a number of police officers rushed into the theatre, from the door leading to the museum, and at once going up to Mr. WAKLEY, three of them seized that gentleman by the collar, arms, and legs. At the same instant the gentlemen in the theatre rushed towards Mr. WAKLEY, and while the officers were dragging at his legs, his friends were retaining him by the arms to prevent his attempted removal. While in this defenceless position, and stretched across the benches on his back, one of the cowardly Bow Street ruffians aimed a desperate blow at his forehead with a brass staff, and had not Mr. WAKLEY at that instant suddenly turned his head on one side to avoid the blow, it must have fractured his skull. The theatre was now in the greatest uproar, and the officers behaved in a brutal manner to the gentlemen with whom they came in contact. The fellows at last dragged Mr. WAKLEY from the grasp of his friends, and when he recovered his legs, LEDBITTER still holding him by the collar, (he also having fast hold of the officer), officers, members, and all, descended suddenly over several benches towards the floor of the theatre, and at one time there could not have been less than the weight of half a dozen persons directly on the back of Mr. WAKLEY, who, it was thought by many of the gentlemen present, would be crushed to death. He contrived, however, to retain his footing, and was extricated by the larger portion of the party tumbling upon the floor. SMITH the officer, who, as well as LEDBITTER and another of the officers, is a man of enormous bulk, not being accustomed to the abruptly-elevated seats of this College, missed his footing near the bottom, and fell upon the floor with the force of a fat ox, and cut his eyebrow slightly against the edge of one of the seats.

Immediately on Mr. WAKLEY's getting into the hall, outside the door of the theatre, the officers loosed their grasp, and Mr. WAKLEY immediately directed another Bow-Street officer, who was standing by, to take LEDBITTER into custody for the assault. With this order, however, he refused to comply. On getting outside the College, Mr. WAKLEY instantly demanded that LEDBITTER should go with him to the Police Office. LEDBITTER refused, and declared that he had nothing further to do with Mr. WAKLEY; but Mr. W. stated, that he had something further to do with *him*, and that he would not quit him until he had taken him before a magistrate. Accordingly he requested some of the members by whom he was surrounded to go in search of police constables, two of whom soon reached the scene of contention, and LEDBITTER was at last taken, accompanied by an immense multitude, and amidst the greatest uproar, to the police station-house near St. Paul's Church, in Covent Garden Market. Such was the crowd of persons, and so densely were they congregated, that there was the greatest difficulty in reaching the door.

The scene here was one of considerable violence, and the Council of the College were bitterly denounced. Mr. THOMAS, the inspector, having heard Mr. WAKLEY's charge, detained the peace-making officer in the station-house until 7 o'clock, when he was taken, in the custody of two police constables, before the magistrates at Bow-street, where Mr. Wakley attended at the same time to prefer his charge of assault. The crowd in Bow-street outside the office consisted of many hundreds of persons, including a great number of members of the College, and medical students. The officers experienced the greatest difficulty in obtaining admission for the witnesses, and owing to the density of the crowd and the excitement which prevailed, there were several new cases of assault; for many who had attended merely as spectators, unexpectedly found

themselves in custody of officers of police on charges of having broken the peace.

We must now return to what passed at the College after Mr. Wakley and the officers had left the theatre.

In order to complete the chief business of the day, the chairman and a large body of the members remained in the theatre, where the indignation which was felt at this unparalleled outrage was most vehemently expressed. In a few minutes, however, attention was directed to the second resolution, and Mr. KING briefly addressing the members, proposed the appointment of a deputation to wait upon the Lord Chamberlain in the following resolution, which was carried unanimously:—

Resolved,—That this meeting, viewing the marked exclusion of the surgeons of his Majesty's navy from the King's levees as an act of unmerited harshness and injustice towards those excellent officers, and as a reproach to the character of the whole profession, that a deputation consisting of three members be appointed by this meeting to wait upon the Lord Chamberlain, to place before his Grace such arguments as may appear best calculated to effect the removal of the obnoxious regulation, or to render it inoperative in as far as it may relate to the surgeons and assistant-surgeons of his Majesty's navy.

The names of Mr. WAKLEY, Mr. WALKER, and Mr. KING, were then submitted to the meeting, and those gentlemen were unanimously appointed to make known the feelings of the profession to his Grace the Duke of Devonshire. This arrangement was succeeded by three hearty cheers for Mr. WAKLEY. A vote of thanks was then passed to the chairman; and the members having learned to which office Mr. WAKLEY had proceeded with the prisoner, there was a general cry of "To Bow Street," and immediately arranging themselves in threes, the members and students, to the number of about three hundred, and occupying a line of immense length, walked in procession to the Office. The Council of the College had an oppor-

tunity of seeing this mark of respect paid to the members, whom they had so infamously assaulted. It is a fact, however, that all the members and students felt that they had been assaulted.

When LEDBITTER was taken into the office, Sir RICHARD BIRNIE, Mr. HALLS, and Mr. MINSHULL, were the magistrates in attendance, and they appeared astonished in no small degree, when they saw the chief of their men in custody on such a charge as the one preferred against him. The case being called on,

Michael Kearney, policeman F. 21, was sworn, and asked what he knew of the case, and we feel it no more than justice to state of this man, who admirably performed his duty, that he was regularly brow-beaten by Sir RICHARD BIRNIE and Mr. HALLS. It was evident that he had given great offence, and, probably, because he had presumed to take into custody one of the officers of the establishment.

Sir Richard Birnie. Well, Sir, what's your charge?

Kearney. One of assault, please your worship.

Sir Richard. Why, I ask, did ye take this officer into custody?

Kearney. Because he had committed an assault on this gentleman.

Sir Richard. Did ye see the assault committed?

Kearney. Why, Sir Richard, I was —

Sir Richard. Tell me, man, yes or no; did ye see the assault committed?

Kearney. Why, your worship, I —

Sir Richard. Tell me at once, yes or no, and remember that what ye say shall go before the commissioners. I don't wish to hurry you, for ye'r bread's in danger. Did ye see the assault.

Kearney. No, y'er worship.

Sir Richard. Very well. Take down his words; his exact words. Now why did you take him into custody, Sir?

Kearney. Because I'd an object in it, Sir. This gentleman had his clothes all torn, and he insisted upon my taking the man into charge, and there was a great noise and riot with the gentlemen, and this man seemed the cause of it all.

Sir Richard. An object in it, had ye? Mind, take down that.

Kearney. I mean I had a cause for it. I considered there was a reason for it.

Sir Richard. Mind, he said, "an object" for it. How long have you been a constable?

Kearney. Ten months.

Mr. Halls. And don't you know that you have orders not to take a person into custody for assault, unless you saw the assault committed?

Kearney. Yes, your worship.

Sir Richard. Then why did you do so?

Kearney. For the reasons I have stated, your worship.

Sir Richard. What did the officer say when you came up to him?

Kearney. He said that he would'n't go, and I said that he must, and he took out his staff, and said he would break my head if I laid hands on him, and I said I had already laid hands on him enough.

Sir Richard. Then, it is a pity that he did'n't break your head before. Where did you take him?

Kearney. I came to this street, your worship, and coming by the public house at the corner he ran into it.

Sir Richard. What then?

Kearney. He refused to go to the station house unless I used force, and then I sent for assistance, and Sergeant Stuart came, and through the remonstrance of the Sergeant he complied to come.

Mr. Halls (to Mr. Wakley). Did you not know Ledbetter to be an officer?

Mr. Wakley. The man never uttered a word to me. He had a staff in his hand, but that does not justify a person's coming and seizing me in my own house.

Mr. Halls. I don't say that it does, but you being in his custody, did you not, in order to get released yourself, give him in charge to another?

Mr. Wakley. Most certainly not; for he acknowledged outside the College, that he had no charge whatever against me, and would not detain me.

Mr. Halls. Very well. Now, where did he assault you?

Mr. Wakley. In the theatre of the College of Surgeons.

Mr. Halls. And did you mention when you gave him in charge to the police constable that it was for an assault committed on you by him?

Mr. Wakley. Most undoubtedly.

Mr. Halls. In the College of Surgeons?

Mr. Wakley. I do not know that I did say that it was in the College of Surgeons that the assault was committed. I do not know this other man's name (*pointing to Smith*), but he acted very properly, and acknowledged that he had no power to touch me in the theatre.

Mr. Halls. Well, now it's very clear to me that the police constable had no right to take the officer into custody, as he did

not see the assault committed, and Ledbitter must be discharged.

Sir R. Birnie. What, without hearing the defendant?

Mr. Hall. Yes; I think so, upon the complainant's own statement. I think he is wrongfully put into custody for this, but I should explain to Mr. Wakley that it will be quite open to him to take any further course he pleases, and that the officer shall be ready to meet any other charge.

Mr. Manshall. I never did agree to the doctrine that the constable ought to see an assault committed before he takes the party into custody.

Sir R. Birnie. I go further even than Mr. Hall, for I say that these men have orders from their officers, not from us, but from their own officers, not to take a party into custody unless they see the assault committed.

Mr. Manshall. Well, but I remember what happened in Court Garden once, a police constable was directed to take a person into custody for having committed an assault upon another; the constable would not take the person into custody because he had not seen the assault committed, so the man who was charged went up and knocked the complainant down again, and then said, "There, now, you have seen it," and then he was taken into custody immediately. So that a poor man is to stop till he is killed before he is to be protected by obtaining aid from an officer?

Sir Richard. What! Take a person into custody against his official orders? However, I think that the assault, whatever it was, committed in the College of Surgeons, makes a distinct case.

Mr. Hall. I have thought so all through. I have discharged Ledbitter, thinking he was wrongfully taken into custody. That does not preclude Mr. Wakley (and I wish Mr. Wakley distinctly to understand that) from making any other charge against Ledbitter, or any one else, but in doing so he must take the proper course—he must make out to the facts, and then the magistrates will determine upon that deposition, whether they will grant a warrant or not.

Mr. Wakley. Then shall I make a deposition now against this man?

Mr. Hall. Yes, if you please. If you go into the Clerk's Office you will have an opportunity of doing so, and then we shall decide upon the propriety of granting a warrant.

Mr. Wakley then retired, and soon afterwards re-entered the office with the deposition he had made, accompanied by the clerk, who read the document to the Bench.

Mr. Hall. Well, now, Mr. Wakley, you tender this as a charge against Ledbitter?

Mr. Wakley. I do.

Mr. Hall. And do you mean to charge him only?

Mr. Wakley. I do not think it will be necessary, in my view of the case, to charge any others; besides, I do not know the names of any others. *(Looking round.)* Here is one who also assaulted me.

Mr. Hall. Very well. *Upon the face of the deposition,* I do not see that he has done wrong. If he have, he is amenable in another way to the laws of his country. As far as it appears, and I take the case only from what Mr. Wakley swears, it seems, that constables seized him and dragged him out of the theatre. It is to be presumed they were properly authorised in doing so; and really, if a constable is to obey his orders, I do not see how it is possible to grant a warrant in such a case as this. I do not see by this deposition that the constable was wrong.

Mr. Manshall. *(To Mr. Wakley.)* I think the better way will be for you to indict the constables at the sessions.

Mr. Wakley. I certainly think that I have a right to apply to you for a warrant, because a more gross outrage never was committed on any human being.

Mr. Hall. Well, I do not think that we ought to grant a warrant.

Mr. Wakley. Is a person to be assaulted in his own house, without giving the slightest offence? I am a member of the College, and I was sitting in my own theatre quietly, without disturbing any one, without offering to assault any one, and without uttering one single word at the moment I was seized. If I had ordered Ledbitter to take the Council into custody, and he had done so, and an application had been made to you afterwards by the Council, would you have treated that application in the same way that you have treated this?

Sir R. Birnie. No, certainly not.

Mr. Wakley. No, indeed. Gentlemen, I confess that I feel myself in a peculiar situation here. It is not quite consonant with my notions of propriety to apply for justice to this bench; for when I give Ledbitter in charge, he stated that he had acted under the orders of Sir Richard Blinny; that what he had done, he had done directly under his authority. If this statement be correct, the magistrate himself is the author of the assault, and I cannot expect that he will interfere to punish the culprit.

Sir Richard. My name, then, was improperly used. I knew nothing of the business. Indeed, I have not even seen Ledbitter to-day until now.

Mr. Manshall. The only constable who came to me was *Grinley*; and he said, "With your permission I am going to the College of Surgeons." I said, "Very well, with all my heart." *That was all that passed.*

Mr. Wakley. I am a member of that College; and it is specified in the charter, that the College is a body consisting of the council and commonalty, of which I am one; and further—

Mr. Halls. I beg pardon, but if the president, or council, or superior officers, have done wrong, they are amenable, you know, to the laws in another way.

Mr. Wakley. Yes, but if they were not present when the assault was committed, how am I to get at them? The officers said they were sent by Sir Richard Birnie.

Sir R. Birnie. Really, my name has been introduced into this case, and I do not know why. I had nothing on earth to do with the sending of these men. This is the gentleman [turning to *Mr. Minshull*] who was spoken to on the subject. The officer said to Mr. Minshull, "Five of us have been applied for, to go to the College of Surgeons," and he said, "Go." Whenever such an application as this is made, we suppose it is to prevent a riot.

Mr. Minshull.—I really thought it was to prevent pickpockets from committing depredations. He said, there was to be a lecture, or something of that sort, and I thought there would, perhaps, be a good many persons there, and that he was going merely to prevent a breach of the peace.

Mr. Wakley.—Yet I was assaulted and struck by other officers also most severely. Against Smith I have no charge, for he knew his duty, and as far as I saw, acted with great propriety. He said he had no charge against me, and saw me assaulting no man.

Smith.—I beg pardon. I went to Mr. Wakley, and endeavoured to persuade him to leave the theatre, and he would not; when we appeared, and I went to him, there was the most tremendous noise I think I ever heard. I never heard anything to compare to it except it was at the theatre at the O. P. I went back to the gentlemen (the Council), who ordered me to take Mr. Wakley out, and they ordered me to go to him again. I went to him again, and asked him to go, but he would not; then I returned to the gentlemen again. They then said, they would draw up a memorial, and report me to the bench as being insufficient for the discharge of my duty: that I was not worthy of being an officer of Bow-street, and that we disgraced ourselves; and, being so urged, I said, that if they would indemnify me, I would take him out, but not otherwise. They did indemnify me, and the other officers, and then we proceeded in getting him out.

Mr. Minshull (to *Mr. Wakley*).—Do you not think that the authority of the President of that society, as well as the Presidents of all other societies, is absolute?

Mr. Wakley.—No, Sir, I do not; but even if it were, it might be absolute without being brutal. These are not times for encouraging or acknowledging the existence of absolute authority any-where. Besides, the President and Council had left the theatre, and the members quietly remained merely with a view to adopt certain measures for protecting the rights and privileges of their brother members, the naval surgeons?

Mr. Halls.—The President had left the theatre?

Mr. Wakley.—Yes.

Mr. Minshull.—Well, now I am only asking for curiosity—but will you allow me to inquire, if it is the custom for the members to debate questions after the President has left?

Mr. Wakley. The question has been recently introduced, but it does not follow that because the members have not exercised their rights, that those rights do not exist.

Sir R. Birnie. Well, but what is the use of debating? If the King issues an order that it is not convenient to see certain parties at the levee, what can be done?

Mr. Wakley. We were passing a resolution to appoint a deputation to wait upon the Lord Chamberlain on the subject.

Mr. Halls. Well, but I think we had really better not enter into that question. As to the charge that is before us, your affidavit does not go to the extent that is necessary, for calling upon us to issue a warrant.

Mr. Minshull. You would gain nothing by the warrant, nor will you lose anything by not having it.

Mr. Wakley. I am to understand, then, that I shall lose nothing by your not granting the warrant?

Mr. Minshull. Certainly not. You can indict the officers, or take any other course, just the same as if the warrant were granted.

Mr. Wakley. Very well.

Sir R. Birnie. I heard something of an application to the home department, in consequence of the officers refusing to obey their orders at the College.

Mr. Halls. I just wish before you go, Mr. Wakley, for your satisfaction, to read you the order that has been issued for the conduct of police constables in arresting individuals; and you will find that they are not authorised to arrest, or to assist in arresting, nor to receive into custody, a party charged with having committed an assault, unless they have seen the assault committed. [Mr. Halls then read the regulation, which was a repetition of what he had said.]

Mr. Wakley. True, these may be the orders from the Home Office, and yet not

be in conformity with the conditions of the act of Parliament.

Mr. Halls. O yes, it is.

Sir R. Birnie. It quotes the Act of Parliament, so that there can be no doubt of it.

Mr. Wakley. Well, I can only say, that a more gross and atrocious assault never was committed on any person. See how my clothes are torn. (*Showing his shirt and coat, or, rather, the fragments that remained of them.*)—Very well, Gentlemen, I must of course submit to your decision, but I shall follow up vigorous proceedings elsewhere against the whole of the parties. The assault committed upon me was one of the most brutal description; and had I not been as strong as a horse, I must have been crushed or torn to pieces. I was also struck most violently; but, Gentlemen, I really am at a loss to understand your law. Mr. Halls has said, that when the constable appeared, it was my duty to submit without resistance to an officer, even if I knew that I had done no wrong; while, on the other hand, Sir Richard Birnie has stated, that when the police constable received Ledbitter in charge, it was a pity that Ledbitter had not broken his head with his staff! Again; the police constable is to be reported to the Commissioners, and probably discharged, for having taken a man into custody on a charge of an assault, without having seen the assault committed, while Ledbitter and his companions, who struck and dragged me while I was quietly sitting in my own College, are considered to have committed no assault at all.

Mr. Halls. Well, I can only assure you, Mr. Wakley, that I regret as deeply that an assault has been committed upon you, as upon any man in the country; but judging from the affidavit, the only document upon which we can act, we do not feel that we ought to grant a warrant, especially as our not doing so, cannot affect ulterior proceedings. We can only act on what is brought before us. We are accustomed here to decide upon facts, and these do not in the present case call upon us to grant a warrant.

Mr. Wakley. I again repeat, that a more unjustifiable, a more unwarrantable assault, was never committed upon an unoffending body of gentlemen. The officers seized me before I even saw them. Although Smith had previously done so, Ledbitter and his companions did not speak one word before they attempted with brute force to drag me from my seat. I only regret that I was not furnished with arms, for I would have shot at least one of the officers dead on the spot. If such violence is to be tolerated, no Englishman is safe from murder.

Mr. Halls. I am extremely happy that you were not so provided, or you might

have been standing here under far different circumstances.

Mr. Wakley, accompanied by a host of friends, then left the office.

WILDE, the solicitor to the College, had been in the office standing behind the clerk, and on Sir RICHARD BIRNIE inquiring who he was, one of the officers said that "he" had given them an indemnity on the part of the Council, which leads us, on closing the report, to put a question to the magistrates.—Had the officers killed either of the members, could this man, WILDE, or any one of the Council, have "indemnified" them for suffering the punishment awarded by the law for the crime of murder?

ADVERTISEMENT.

PUBLIC MEETING.

In consequence of
THE ATROCIOUS ASSAULT
committed upon
THE MEMBERS OF THE COLLEGE OF SURGEONS,
IN THEIR OWN THEATRE,
BY BOW-STREET OFFICERS,
acting under and by the authority of the
PRESIDENT AND COUNCIL,
A PUBLIC MEETING OF THE
PROFESSION
is appointed to be held in the
*Great Room of the Crown and Anchor, in
the Strand,*
On WEDNESDAY Evening next,
March the 16th.
The Chair to be taken at half-past six for
Seven o'clock precisely.

A Plan will be introduced for the
INSTITUTION OF
A NEW MEDICAL COLLEGE,
founded upon the most
ENLARGED AND LIBERAL PRINCIPLES,
and in which
ALL LEGALLY-QUALIFIED
PRACTITIONERS,
whether
PHYSICIANS, SURGEONS, OR APOTHECARIES,
*Will be associated upon equal terms, will
Enjoy equal rights, and
Will be recognised by the same title.*

As this Institution, if firmly established, must break down the Collegiate and Hospital Monopolies, and must relieve the poor from the dreadful consequences which too often result from the operations of incompetent practitioners, it is calculated to exercise a MOST BENEFICIAL INFLUENCE OVER THE PUBLIC HEALTH, and thus prove of INDESCRIBABLE ADVANTAGE TO THE COMMUNITY.

The examination of students for the Diploma will be conducted openly in the presence of the public and the press, in a theatre constructed for the purpose.

In every respect it will be a PUBLIC INSTITUTION, established for THE PUBLIC GOOD, and for THE HONOUR and PROTECTION of MEDICAL PRACTITIONERS, and erected for the attainment of such beneficent objects, it must command and receive the unqualified support of our present just and wise government.

THE Council of the College feared to encounter the members on Thursday, notwithstanding the support of the magistrates and their armed police, and they published in the papers of the next day the following advertisement.

"Royal College of Surgeons in London.

"In consequence of the riot and confusion which prevented the delivery of the lecture on Tuesday last, and which the President and Council have reason to apprehend will be repeated, the lectures are postponed until further notice.

"EDMUND BELFOUR, Sec."

NAVAL SURGEONS.

THE Members of the deputation, which was appointed in the theatre of the College on Tuesday last, have written to the Duke of DEVONSHIRE, to know when it will be convenient for his Grace to honour them with an interview. The reply of the Lord Chamberlain had not been received when our Number went to press.

ADDRESS

TO THE

MEDICAL PROFESSION OF GREAT
BRITAIN AND IRELAND,

*Agreed to at a Meeting of Members of the
College of Surgeons.*

GEORGE WALKER, Esq., in the Chair.

GENTLEMEN,—We feel it to be our imperative duty to call upon you to unite with us in an endeavour to save the honourable profession which we exercise from the shame and ignominy with which a few malignant and misguided men have endeavoured to tarnish it. We entreat of you to reflect upon the extraordinary event it is our duty to record. A foul, unprovoked, and illegal assault, has this day been committed upon the whole of the members of the Royal College of Surgeons, by order of—we blush to say it—*by order of their Council*. We were waiting in our own theatre for the purpose of discharging an important duty to a branch of our brother members, when, by order of the Council, a band of armed men from Bow Street Office were let loose upon us. These men, brandishing their bludgeons as if they had to encounter a gang of assassins, laid violent hands upon us, wrenched us from our seats, and expelled us from our theatre by brute force. Thus have our rights been trampled upon, our lives endangered, our feelings outraged, and our profession insulted, by our own Council. Gentlemen, we know not what atonement can be made for so criminal and wanton an act of treachery; but we feel that the whole profession will join us, heart and hand, in our endeavour to rescue the government of the College of Surgeons from a council which could so grossly and premeditatedly pervert the duties of their office. At any rate they will immediately be brought to justice, and we trust that all connexion between them and every honourable member of the profession will soon cease in law, as it now does in fact. We hope that no medical student will present himself for a diploma stained with the blood of his senior colleagues. This language is strong, but it is lamentably inadequate to express the abhorrence you must have felt had you witnessed this atrocious

LATE OUTRAGE.—COLLEGE OF PHYSICIANS. 799

violation of every moral and professional feeling. For ourselves, whose persons and liberties were attacked in the most ruffian-like manner, we are determined to exercise every means at our disposal to prevent a recurrence of such an unprincipled outrage. Need we say, that measures must instantly be taken to place the rights of the profession upon a secure basis, or we shall become objects of feebleness and contempt.

(Signed on behalf of the meeting)

G. WALKER, Chairman.

OUTRAGE AT THE COLLOR OF SURGEONS.

To the Editor of THE LANCET.

SIR,—Our very excellent teacher, Mr. Walker, at the close of his lecture this evening, expressed himself nearly in the following words; and from the very warm marks of approbation which followed his address, it is quite clear that the sentiments of the class were in unison with his own, and, therefore, you will no doubt oblige them by putting it on record:—

“Gentlemen,” said Mr. Walker, “I have an apology to make for this short lecture; I came in late, I leave off early; but really I am this moment labouring under excitement at some events I have just witnessed, which unfit me for the continuance of my duty. I am just returned from the College of Surgeons, and have there witnessed a scene which must excite and irritate every one who has the misfortune to be a member of such a College. I have seen, Gentlemen, the members of that College sitting in their own theatre, quietly and dispassionately advocating their own rights, forcibly spouted, turned out *et cetera*, by a set of police vagabonds, acting under the direction of the self-elected corrupt junta, the President and Council. Whether the law will protect its own myrmidons, or whether justice will be administered to those upon whom this base act has been committed, remains to be seen; but I understand that a charge of assault will be preferred against them. But, Gentlemen, such a state of things ought not, will not, cannot, be suffered to exist. If the members submit quietly to these insults, they will deserve every indignity which may be heaped upon them; it was a proceeding, Gentlemen, disgraceful to the age in which we live; an act, in fact, which would disgrace any civilized society, an act unparalleled in the history of any body having the slightest pre-

tensions to be called a scientific one.” (*Immense cheering.*)

I remain, Sir, yours obediently,

A PUPIL OF MR. WALKER.

Tuesday evening, March 24th, 1851.

COLLEGE OF PHYSICIANS.

LECTURES AND ACCOUNTS.

To the Editor of THE LANCET.

SIR,—I am this moment returned from the College of Physicians, to which I was invited by the President and Fellows (as their card expresses) “for the purpose of reading medical papers, and holding medical conversations,” and never do I remember to have attended a medical society with so little benefit or satisfaction. A paper was read to be sure (the production of one of the learned fellows), but it contained so many self-evident facts, and so little instruction, that I believe there was not a physician present who did not feel disappointment and regret at the loss of the time he had spent in listening to it. Immediately after the reading of the paper the President left the chair, and thus concluded the business of the evening. I cannot help thinking, that through your valuable Journal, some means might be suggested for better regulating the concerns of this monopolizing President and Fellows.

I have always considered, Mr. Editor, that when a man becomes a licentiate, he should attend all medical meetings in the College as a right, that he should be allowed the use of the library, and have access to the museum, without laying himself under a personal obligation to any fellow who may happen to be elected librarian or curator of the museum. It should be remembered, that on his becoming a licentiate, certain fees are exacted, as, for instance, a fee to the president, a fee to each of the censors, a fee to the registrar, a fee to the bedside, a fee to the porter, besides stamps, &c., and, lastly, a fee of 25*l.* to the College. All these fees (whether rightly exacted or not I will refrain from inquiring) speak for themselves, excepting the last, which I cannot understand. As the College chooses to exact this latter sum, I think licentiates have a right to inquire what becomes of it. I am quite sure there must be some liberal-minded men among the fellows, who would soon to take a fee in this way, without explaining what becomes of it, if they could; but the only answer I could get to my private inquiries was, that every thing was correct according to the regulations of the College, and ac-

ording to the present Charter. This explanation to me is any-thing but satisfactory, and the sooner the present regulations are altered, the better for its credit; let the worm-eaten Charter be brought to light from the hole or corner where it has so long slumbered in peace, either to be re-modelled or cancelled altogether. I am, Mr. Editor,

Your very obedient servant,
A LICENTATE.

[As in the case of Mr. Greenhow's letter, and indeed two or three others, we have to complain of the late delivery of the above communication, which has only just come to hand.—Ed. L.]

THE ANATOMICAL SCHOOL, BREWER-STREET.

To the Editor of THE LANCET.

SIR,—At the commencement of this season you showed yourself the pupils' friend, by cautioning them to beware to whom they paid their money, a caution which all who have entered to the new anatomical school, Brewer Street, regret having disregarded; for the loss of time I consider a greater loss than the waste of money. This school was ten weeks before it had any subject at all, and then only a small one covered with pustules of small-pox, which had no doubt been refused by the other schools. After this, a very old emaciated subject was procured, price eight guineas, the muscles of which were so bad, that the fibres gave way in many parts, and would not bear dissection; and this is all that has been attempted to be dissected at the new anatomical school: there has never been one specimen of good dissection on the table of the lecturer or demonstrator, the latter person coming twice or thrice a week at twenty minutes, a quarter, and even ten minutes to nine, though his appointed time is every morning at eight. Could you, Sir, point out any way by which the pupils may recover their money, which I conceive they have a right to demand? It is impossible that gentlemen, who feel that responsibility which those who teach this important branch ought to feel, could act in this manner; for, in fact, they have never yet had any part of the human subject fit either for demonstration or lecture. Be kind enough to let this, which contains the sentiments of the remaining class, appear in your valuable LANCET.

I am, Sir, your most obedient servant,
A PUPIL.

February, 1831.

LAW OF THE FRENCH SOCIETY OF PHARMACOPOLISTS ON THE SALE OF SECRET REMEDIES.

"As the Society is in the highest degree jealous of the dignity of the profession which its members pursue, any apothecary who shall compromise that respectability by announcing himself as the author or depository of secret medicines, by causing himself to be puffed in the papers, by associating the duties of the apothecary with a trade to which the former should remain a stranger, &c., such a person cannot become a member of the Society, and if he be already a member, the secretary shall send him a copy of this article, when, in case of his continuing the proscribed traffic or practice, he shall be expelled upon sufficient proof of the offence."—*General Law, Art. 36.*

THE SISTERS OF CHARITY—PARIS QUACKERY.

The apothecaries of Paris have presented a memorial to M. Odillon Barrot, prefect of the Seine, requesting the suppression of the dispensaries of medicine connected with the charitable institutions, in which it appears that the medicine is vended, prescribed, and compounded by the Sisters of Charity, and other religious societies of females. The principal grounds on which the memorialists take their position, are, the total want of medical education in these persons, and the inconveniences and dangers resulting from their refusal to sell medicines after certain hours, and on the Sabbath day. The memorialists add, that "Either the apothecaries should no longer be compelled to undergo a lengthened period of study and subsequent examinations, or the shops kept by totally unqualified individuals should be immediately suppressed."

TO CORRESPONDENTS.

The letter of Dr. Morrison, and those of many other gentlemen, have been unavoidably postponed until next week.

THE LANCET.

Vol. I.]

LONDON, SATURDAY, MARCH 19.

[1830-31.]

MEDICAL JURISPRUDENCE.

—

PRACTICAL COMMENTARIES ON

DR. CHRISTISON'S PROCESSES

FOR

DETECTING POISONS.

—

COPPER.—ZINC.—BARYTA.—OPIMUM.—NUX
VOMICA.—POMUM ACID.

THE only processes described by our author, which remain to be noticed, are those recommended for the detection of copper, zinc, baryta, opium, strychnine, and hydrocyanic acid. On the first of these we shall not dwell long, as we this week publish, in another part of our Journal, an article which we have received on the same subject, the author of which (Dr. O'Shaughnessy) entirely follows Dr. Christison's method of examining suspected mixtures, with the exception of using nitric acid instead of the acetic, estimating the *quantity* of the sulphuret and reducing this to the metallic state, a consummation of the experiment on which Dr. Christison does not insist. The existence of copper in various organic substances is a curious phenomenon, and further researches on the subject seem extremely desirable, either to extend the list of substances in which it has already been found, or to point out those in which it is altogether deficient. We would recommend, to those who have leisure to prosecute the subject, the institution of experiments on various kinds of cheese. We have found copper in the Stilton and Parmesan, but as it remains doubtful whether in these instances the copper has not proceeded from the vessels used in the manufacture of the cheese, it would be well to examine speci-

mens prepared in vessels ascertained to be free from cupreous ingredients.

Before proceeding further we may remark, that in the paper already alluded to, the estimation of the atomic equivalents of copper is not *fractionally* correct; for practical purposes, however, it is more useful than a precise calculation, inasmuch as the relative quantities are more easily understood, and, what is of almost equal importance, more readily explained.

ZINC.—The following description of the chemical relations of zinc is individually so complete, that we extract it without note or comment. We must remark, however, that to the influence of metallic emetics over medico-legal analysis, Dr. Christison does not pay the attention which the subject demands, although from the observation in the first sentence of the following extract, he shows himself fully aware of the important modifications emetics may render necessary in inquiries of these descriptions.

Of Poisoning with Zinc.—The compounds of zinc, which have been long used in considerable doses in medicine, have sometimes caused serious and even fatal effects. Partly on this account, and partly because one of them, the sulphate of zinc, being the emetic most commonly used in the treatment of poisoning, is apt to complicate various medico-legal analyses, it will be proper to notice both its physiological properties and the mode of detecting it by chemical means. The only important compound of this metal is the sulphate of white vitriol. As usually sold in the shops, it forms small, prismatic crystals, transparent, colourless, of a very styptic metallic taste, and exceedingly soluble in water; that which is kept by the apothecary is generally pure, but the salt of commerce commonly contains an admixture of sulphate of iron, by the presence of which the natural action of the tests for zinc is materially modified. The solution of the pure salt is precipitated white by the caustic alkalies, an oxide being

No. 394.

3 F

thrown down, which is soluble in an excess of ammonia. The alkaline carbonates also precipitate it white, the carbonate of ammonia being the most delicate of these reagents; the precipitate is soluble in an excess of carbonate of ammonia, and is not thrown down again by boiling. The precipitate produced both by the alkalies and by their carbonates becomes yellow, when heated nearly to redness, and on cooling it becomes again white. This is a very characteristic property, by which the oxide of zinc may be known from every other white powder. The ferro-cyanate of potass also causes a white precipitate. A stream of sulphuretted hydrogen likewise causes a white precipitate, the sulphuret of zinc, the colour of which distinguishes the present genus of poisons from all those previously mentioned, as well as from the next genus, the poisons of lead; the precipitate is apt to be suspended till the excess of gas is expelled by ebullition. When the sulphate of zinc contains iron, the alkalies throw down a greenish-white precipitate, the alkaline carbonates a grayish or reddish white, the ferro-cyanate of potass a light blue, but sulphuretted hydrogen the usual white precipitate. Tincture of galls, which merely renders the pure salt *lazy*, causes a deep violet coagulum, if there is any ferruginous impurity. The sulphate of zinc is acted on by albumen and milk, precisely in the same manner as the sulphate of copper; the salt is decomposed, and the metallic oxide forms an insoluble compound with the animal matter. When the sulphate of zinc has been mixed with vegetable and animal substances, the action of the tests mentioned above is modified. In such circumstances I have found the following process convenient:—The mixture being strained through gauze, is to be acidulated with acetic acid, and filtered through paper. The acetic acid dissolves any oxide of zinc that may have been thrown down in union with animal matter. The filtered fluid is then to be evaporated to a convenient extent, and treated when cool with sulphuretted-hydrogen gas, upon which a grayish or white milkiness, or precipitate, will be formed. The excess of gas must now be expelled by boiling, and the precipitate washed by the process of subsidence and affusion, and collected on a filter. It is then to be dried and heated to redness in a tube. When it has cooled it is to be acted on by strong nitric acid, which dissolves the zinc and leaves the sulphur. The nitrous solution should next be diluted, and neutralised with carbonate of ammonia; after which the liquid tests formerly mentioned will act characteristically. The effect of carbonate of ammonia, and that of heat, on the carbonate of zinc, which is thrown down, ought to be particularly relied on.

I have tried this process with the matter vomited after the administration of sulphate of zinc, in a case of pretended poisoning, and found it to answer exceedingly well."

BARYTA.—The following process, like the former, is, as far as it goes, entirely unexceptionable. There is one point, however, which the author has neglected to notice, and which we shall endeavour to remedy. Before it can be understood it is necessary to study the quotation itself.

"Three compounds of this substance may be mentioned, the pure earth or oxide, the muriate or hydrochlorate, and the carbonate. The pure earth, however, is so little seen, that it is unnecessary to describe its chemical or physiological properties.

"The carbonate of baryta is met with in two states. Sometimes it is native, and then commonly occurs in radiated crystalline masses, of different degrees of coarseness of fibre, nearly colourless, very heavy, and effervescing with diluted muriatic acid. It is also sold in the shops in the form of a fine powder of a white colour, prepared artificially by precipitating a soluble salt of baryta with an alkaline carbonate. It is best known by its colour, insolubility in water, solubility with effervescence in muriatic acid, and the properties of the resulting muriate of baryta.

"The *muriate*, or *hydrochlorate*, is the most common of the compounds of this earth, having been for some time used in medicine for scrofulous and other constitutional disorders. It is procured either by evaporating the solution of the carbonate in hydrochloric acid, or by decomposing a more common mineral the sulphate, by means of charcoal aided by heat, dissolving in boiling water the sulphuret so formed, and decomposing this sulphuret by hydrochloric acid. It is commonly met with in the shops irregularly crystallized in tables. It has an acrid, irritating taste, is permanent in the air, and dissolves in two parts and a half of temperate water. The solution is distinguished from other substances by the following chemical characters. From all other metallic poisons hitherto mentioned, it is easily distinguished by means of sulphuretted hydrogen, which does not cause any change in barytic solutions. From the alkaline and magnesian salts, it is distinguished by the effects of the alkaline sulphates, which do not act on the former, but cause in all solutions of baryta a heavy white precipitate, which is insoluble in nitric acid. From the hydrochlorates of lime and strontia, it is to be distinguished by evaporating the solution till it crystallizes. The crystals are known not to be hydrochlorate of lime, because they are not deli-

quescent. The hydrochlorate of strontia (which resembles that of baryta in many properties, but which must be carefully distinguished as it is not poisonous) differs in form of the crystals, which are delicate six-sided prisms, while those of the barytic salt are four-sided tables, often truncated on two opposite angles, sometimes on all four,—by its solubility in alcohol, which does not take up the hydrochlorate of baryta,—and by its effect on the flame of alcohol, which it colours rose-red, while the barytic salts colour it yellow. The hydrochlorate of baryta is known from the other soluble barytic salts, by the action of nitrate of silver, which throws down a white precipitate. Vegetable and animal fluids do not decompose the solution of the hydrochlorate of baryta, except by reason of the sulphates and carbonates, which most of them contain in small quantities. But the action of its tests may be disguised, although the salt has not undergone decomposition. In that case the most convenient method of analysis is to add a little nitric acid, which will dissolve any carbonate of baryta that may have been formed,—to filter and then throw down the whole baryta in the form of sulphate, by means of the sulphate of soda, and to collect the precipitate, and calcine it with charcoal for half an hour in a platinum spoon or earthen crucible, according to the quantity. A sulphuret of baryta will thus be procured, which is to be dissolved out by boiling water, and decomposed after filtration by muriatic acid. A pure solution is thus easily procured.”

The omission we have alluded to consists in this, that Dr. Christison overlooks the effect of the antidote, viz., sulphate of soda or magnesia, which must be administered by the medical attendant, and which will convert all the soluble barytic salt into an insoluble sulphate. Dr. Christison's process, performed on vomited matter containing this compound, will not afford a trace of the poison. We would, therefore, propose to dry the suspected substance, and heat it to redness in a silver or platinum crucible for half an hour. In this way the carbon of the organic animal or vegetable matters reduces the sulphate to the state of sulphuret, a compound soluble in dilute muriatic acid, with disengagement of sulph. hydrogen gas. The filtered fluid may then be examined according to the properties of the earth described in the preceding extract.

The next poison we arrive at is

OPIUM, and its alkaloid principle, morphia.—In his description of the chemical

properties of these substances, and of the mode in which they may be detected, the author is exceedingly successful. Notwithstanding the facility with which vegetable poisons are removed beyond the reach of analysis by digestion, and other causes, in many fatal cases opium may be detected by the subjoined experiments, and they are equally applicable to its recognition in porter or other fluids of this description.

It is necessary to premise that opium is a concrete vegetable exudation composed of various proximate principles; viz., morphia, meconic acid, narcotine, resin, caoutchou, lignin, &c. Of these the two first are alone important, as far as the process for the detection of opium is concerned. They co-exist in opium in the state of the meconate of morphia, and from its watery infusion or alcoholic solution the first may be precipitated by ammonia, and the second by the subacetate of lead, the meconate of lead, being thrown down, which, when decomposed by sulphuretted hydrogen, sets free the meconic acid:—

“*Of the Tests for Meconic Acid.*—Meconic acid, as procured by evaporation, is in little scales of a pale-brown or yellowish tint, being rendered so by adhering resin or extractive matter, from which it has hitherto been found impossible to free it altogether. 1. When heated in a tube, it is partly decomposed and partly sublimed, and the sublimate condenses in filamentous radiated crystals. 2. When dissolved even in a very large quantity of water, the solution acquires an intense cherry-red colour, with the permuriate of iron; the sublimed crystals have the same property: only one other acid is so affected, namely, the sulpho-cyanic, a very rare substance. 3. Its solution gives a pale-green precipitate with the sulphate of copper, and, if the precipitate is not too abundant, it is dissolved by boiling, but reappears on cooling.

“*Of the Tests for Morphia.*—Morphia, when pure, is in small, beautiful, white crystals. Various forms have been ascribed to them; but in the numerous crystallizations I have made, it has always assumed the form of a flattened hexangular prism. It has a bitter taste, but no smell. A gentle heat melts it, and if the fluid mass is then allowed to cool, a crystalline radiated substance is formed. A stronger heat reddens and then chars the fused mass, white fumes of a peculiar odour are disengaged, and at last the mass kindles and burns brightly. Morphia is very little soluble in water. It is more soluble in ether. But its proper

solvents are alcohol, or the diluted acids, mineral as well as vegetable. Its alcoholic solution is intensely bitter, and has an alkaline reaction. From its solutions in the acids, crystallizable salts may be procured, and morphia may be separated by the superior affinity of any of the inorganic alkalies, more particularly by ammonia. Morphia becomes instantly orange-red when treated with nitric acid. When suspended in water, and then treated with a drop or two of the permuriate of iron, it is dissolved, and forms a dirty indigo-blue solution. A concentrated solution in acetic acid is similarly acted on. - - - - -

"Of the Process for detecting Opium in mixed fluids and colours."—Having stated these particulars of the chemical history of opium and its chief component ingredients, I shall now describe what has appeared to me the most delicate and satisfactory method of detecting it in a mixed state. 1. If there is any solid matter it is to be cut into small fragments, water is to be added if necessary, then a little acetic acid sufficient to render the mixture acidulous, and when the whole mass has been well stirred and has stood a few minutes, it is to be filtered and evaporated at a temperature somewhat below ebullition to the consistence of a moderately thick syrup. To this extract strong alcohol is to be gradually added, care being taken to break down any coagulum which may be formed; and after ebullition and cooling, the alcoholic solution is to be filtered. The solution must then be evaporated to the consistence of a thin syrup, and the residue dissolved in distilled water and filtered anew. 2. Add now the solution of subacetate of lead as long as it causes precipitation, filter and wash. The filtered fluid contains the morphia, and the precipitate on the filter contains meconic acid united with the oxide of lead. 3. The fluid part is to be treated with sulphuretted hydrogen to throw down any lead which may remain in solution. It is then to be filtered while cold, and evaporated sufficiently in a vapour-bath. If, notwithstanding the action of the salt of lead and that of the sulphuretted-hydrogen, the liquid is considerably coloured, the colour must be destroyed by filtering it through animal charcoal. The solution thus eventually procured is to be subjected to the tests for morphia formerly mentioned; and when the quantity is very small, the tests which ought to be chosen are—the taste, the action of perchloride of iron on the fluid, and the action of nitric acid on the residue of its evaporation. 4. It is useful, however, to separate the meconic acid also; because, as its properties are more delicate, I have repeatedly been able to detect it satisfactorily, whereas I was not so well satisfied with the result

of the search for morphia. Dr. Ure made the same remark in his evidence on the trial of Stewart and his wife. He detected the meconic acid, but could not separate the morphia. Suspend, therefore, in a little water the precipitate caused by the subacetate of lead; transmit sulphuretted hydrogen till the whole precipitate is blackened; filter immediately without boiling; then boil, and if necessary filter a second time. A great deal of the impurities thrown down by the subacetate of lead will be separated with the sulphuret of lead, and the meconic acid is dissolved. But it requires in general farther purification, which is best attained by again throwing it down with subacetate of lead, and repeating the steps of the present paragraph. The fluid is now to be concentrated by evaporation, and subjected to the tests for meconic acid, more particularly to the action of perchloride of iron, when the quantity is small. If there is evidently a considerable quantity of acid, a portion should be evaporated till it yields crystalline scales, which have always a yellowish tint; and these are to be heated in a tube to procure the arborescent crystalline sublimate formerly described. About a sixth of a grain of meconic acid, however, is required to try the latter test conveniently."

Before we leave opium we may remark that in Dr. A. T. Thomson's *Conspectus of the Pharmacopœia*, appendix on poisons, we find its chemical properties noticed thus:—*"Opium."*—Test, none, if we except the peculiar and familiar odour of the drug."—We need offer no remarks on this strange assertion.

Closely allied to the foregoing in chemical properties is the

Nux-Vomica, and its alkaloid strychnine, for the detection of which we find the following process recommended:—

"Tests of Nux-Vomica."—*Nux-vomica*, the most common of the species, is a flat, roundish kernel, hardly an inch in diameter, of a yellowish or greenish-brown colour, and covered with short silky hairs. In powder it has a dirty greenish-gray colour, an intensely bitter taste, and an odour like powder of liquorice. It inflames on burning charcoal, and when treated with nitric acid acquires an orange-red colour, which is destroyed by the addition of protochloride of tin. Its infusion also is turned orange-red by nitric acid, and precipitates grayish-white with tincture of galls. *Orfila* and *Barruel* have made some experiments on the mode of detecting it in the stomach, and the following is the plan recommended by them:—The contents of the stomach, or the powder, if it can be separated, must be

boiled in water acidulated with sulphuric acid. The liquid after filtration is neutralized with carbonate of lime, and then evaporated to dryness. The dry mass is then acted on with successive portions of alcohol, and evaporated to the consistence of a thin syrup. The product has an intensely bitter taste, precipitates with ammonia, becomes deep orange-red with nitric acid, and will sometimes deposit crystals of strychnin on standing two or three days. These experiments it is important to remember, because, contrary to what takes place in regard to the vegetable poisons generally, nux-vomica is very often found in the stomachs of those poisoned with it."

We have now arrived at the last of Dr. Christison's processes, namely that for the detection of

HYDROCYANIC ACID.—The author's description here is exceedingly good, and admits of no condensation:—

"The tests for the hydrocyanic acid have been lately examined by M. Lassaigne of Paris, by Dr. Turner of London, and by Professor Orfila. They are, its odour, the salts of copper, the salts of the protoxide of iron, and nitrate of silver. The peculiar odour of the acid is a very characteristic and delicate test of its presence. According to Orfila, the smell is perceptible when no chemical reagent is delicate enough to detect it. But I must observe, that I have known some persons who were nearly insensible of any smell, even in a specimen which was tolerably strong. Hence when the odour is resorted to as a test, it ought to be tried by several persons. The *sulphate of copper* forms with hydrocyanic acid, when rendered alkaline with a little potass, a greenish precipitate, which becomes nearly white, on the addition of a little hydrochloric acid. The purpose of the hydrochloric acid is to redissolve some oxide of copper thrown down by the potass. The precipitate is then the cyanide of copper. This test, according to Lassaigne, will act on the poison when dissolved in 20,000 parts of water. But as the precipitate is not coloured, the test is an insignificant one compared with the next. If the acid is rendered alkaline by potass, the *salts of the protoxide of iron* produce a grayish-green precipitate, which, on the addition of a little sulphuric acid, becomes of a deep Prussian-blue colour. The common green vitriol answers very well for this purpose. The salts of the peroxide of iron will also often answer, because, unless carefully prepared, they are never altogether free of the protoxide. But, contrary to what is stated by Lassaigne,—by MM. Thénard, Vauquelin, and Biagiendi, the reporters of the

Academy on his paper, and still more recently by Orfila, the salts of the pure peroxide of iron have no such effect. They cause with the potass a brownish precipitate, which is redissolved on the addition of sulphuric acid, leaving the solution limpid. These errors have been rectified by Dr. Turner, who also shows, contrary to the statements of Lassaigne, that the protoxide of iron is a more delicate test than the sulphate of copper. This I have also had occasion to remark.

"The *nitrate of silver* is considered by Professor Orfila a very delicate and characteristic reagent for hydrocyanic acid. A white precipitate is produced in a very diluted solution; and this precipitate is distinguished from the other white salts of silver, by being insoluble in nitric acid at ordinary temperatures, but easily soluble in that acid at its boiling temperature. A more characteristic property is, that the precipitate when dried and heated emits cyanogen gas, which is easily known by the beautiful rose-red colour of its flame. Sometimes it is necessary to determine the strength of diluted hydrocyanic acid, because, on account of its tendency to decomposition, doubts may be entertained whether a mixture which contains it is strong enough to be dangerously poisonous. According to Orfila, the best method of ascertaining the strength either of a pure solution or of a mixture, in syrup, is to throw down the acid with the nitrate of silver and dry the precipitate; a hundred parts of which correspond to 30.33 of pure hydrocyanic acid.

"*Process for mixed fluids.*—Some important observations have been lately made by MM. Lauret and Lassaigne on the effect of mixing animal matters with hydrocyanic acid. The most material of their results are, that if the body of an animal poisoned with the acid is left unburied for three days, the poison can no longer be detected; and that if it is buried within twenty-four hours, the poison may be found after a longer interval, but never after eight days. The reason is, either that the acid is volatilized, or that it is decomposed. For detecting the poison in mixed fluids, Orfila has lately advised the following process. The fluid may be treated with animal charcoal without heat. The colour being thus generally destroyed, the tests will sometimes act as usual. Or, without this preparation, a slip of bluish paper moistened with pure potass, may be immersed in the suspected fluid for a few minutes, and then touched with a solution of sulphate of iron; upon which the usual blue colour will be produced on the paper. If neither of these methods should answer, the fluid is to be distilled. Distillation of the fluid is, on the whole, the best mode of procedure. It was proposed some time before

by Lassaigne and Leuret for detecting the poison in the stomach after death. The steps of their process, which appears to me the best yet proposed, are as follows:—The contents after filtration are to be neutralized with sulphuric acid if they are alkaline, in order to fix the ammonia which may have been disengaged by putrefaction; the product is then to be distilled from a vapour-bath, till an eighth part has passed over into the receiver; and the distilled fluid is to be tested with the proto-sulphate of iron in the usual way. By this process Lassaigne could detect the poison in a cat or dog killed by twelve drops, and examined twenty-four or forty-eight hours after death. But Dr. Schubarth has objected to it,—and the same objection will apply to every process in which heat is used,—that hydrocyanic acid may be formed during the distillation by the decomposition of animal matter. His objection, however, appears only to rest on conjecture, or presumption at farthest; and I doubt whether, supposing the distillation to go on slowly in the vapour-bath, the heat is sufficient to bring about the requisite decomposition. The force of the objection must be decided by future researches."

The process recommended above by Orfila deserves attention, on account of the serious fallacies to which it exposes the inexperienced analyst. Paper moistened with potash produces by itself, with the solution of sulphate of iron, a bluish-green stain, so like that caused by prussic acid, that it will certainly deceive any inexperienced examiner. This stain is the hydrated protoxide of iron, and may be distinguished from the hydrocyanate by exposure to the air for a few minutes, when, if the first, it continues blue, or even deepens in that colour; if the second, it attracts oxygen rapidly from the air, and changes into the red peroxide or *iron mould*, as it is popularly termed.

Another point well deserving of examination, is the question of the spontaneous generation of prussic acid during the heating of animal matters. We have some grounds for supposing that Schubarth's speculations are well founded, and for believing that the acid may even be formed as a product of putrefaction at ordinary temperatures.

In our next Number we shall, as an addition to this series of processes, describe an improved method by which iron may be recognised, and its quantity estimated in ~~many~~ liquors. We shall also state the method of detecting bismuth, a poison which has

recently occasioned some fatal accidents, and for which we find no process recommended by our author; and, lastly, we shall take into consideration the several antidotes which produce a cure by the influence of chemical decompositions.

ON THE RECENT DISCOVERY OF COPPER IN ORGANIC MATTERS,

CONSIDERED WITH RESPECT TO CASES OF
POISONING, OR THE ADULTERATIONS OF
FOOD.

(Read before the Westminster Medical
Society, Saturday, March 5.)

By W. B. O'SHAUGHNESSY, M.D.

THE manifest importance of the subject to which I have taken the liberty of requesting the attention of this Society, will I trust relieve me from the imputation of consuming their valuable time in idle and profitless speculations. An inquiry into the medico-legal value of chemical evidence in deciding on the presence of any deleterious substance in a suspected compound, no matter what the poison may be, must, if properly conducted, be attended with a certain degree of advantage to the public remotely, and more immediately to the medical profession. The interest of the inquiry is of course proportionate to the virulence of the destructive agent, and in this respect the preparations of copper undoubtedly occupy a very prominent place.

In the brief remarks which I proceed to offer, I mean entirely to restrict myself to the value of *chemical* evidence in deciding on cupreous poisoning or adulteration. With the semeiology or pathology of these cases, I shall not interfere, partly because these subjects have already been investigated with an ability and precision which scarcely admit of any improvement, but principally that I should not distract attention from a point in itself of sufficient importance. Moreover, for many reasons, chemical evidence of poisoning constitutes a distinct and insulated subject; for example, it not unfrequently happens, that from the unfortunate lack of analytic habits in the general body of practitioners, a suspected substance is sent from a distance for analysis, in which case the examiner is usually unaided by the history of the case in arriving at his conclusions. Again, in cases which do not prove fatal, as in feigned or imputed poisoning, or in accidents from spoiled food, or in casual concurrent vomitings or sporadic cholera in individuals, the chemical analysis is almost of exclusive importance. Lastly,

in adulterations of food we have scarcely any other guide to conduct us to a correct decision, inasmuch as it but rarely happens that adulterators are so incautious or unskillful as to add such quantities of any pernicious ingredient, as might indicate the fraud by its speedy physiological effects. Having premised these general remarks, I proceed to state that the object of the succeeding observations, is, to prove that from the natural existence of the oxide of copper in various organic substances, first, that the detection of minute quantities of that metal in suspected cases affords, *per se*, no grounds of imputation; secondly, that in all cases of analysis it is absolutely necessary that the quantity of the copper detected should be accurately estimated. As far as my limited information extends, no attention has yet been paid to these circumstances by medico-legal authorities. At least, the latest and best work of this description is totally silent on the subject. The existence of the oxide of copper in organic matters was first noticed and demonstrated by the celebrated Assessor Gahn, of Fahlun, who was accustomed to exhibit the production of distinct particles of metallic copper reduced by him with the mouth-blowpipe from a quarter of a sheet of burnt paper. Singular as was this fact, it seems to have for some time attracted but little attention. The next experiment worthy of record on the subject, is stated by Bucholz, who detected copper in the ashes of the common endoria, in the galega root, in others of the same family, and in various other vegetables of distinct kinds. These researches were pursued by Meissner with further success; and, lastly, M. Sarzeau has shown in the *Annales de Chimie* for July, 1830, that not only does copper exist in the plants enumerated by Meissner, but in various products of the animal department of organization. I should also say that in the admirable and highly-useful translation of Rose's Manual of Analysis, just published in this country, it is stated, that copper may be detected in solutions of sugar by a reagent to which I shall presently have occasion to revert. Of these experiments, those of M. Sarzeau are, in a medico-legal point of view, by far the most important. He enumerates six kinds of coffee, cheese, and blood, as substances in which he has detected minute quantities of the metal; and in coffee, he states it to exist to the extent of a grain in the pound. The process by which M. Sarzeau proceeded, was, by drying and incinerating the substances for examination, treating the ashes with dilute nitric acid, saturating the solution with ammonium, which throws down several foreign matters, still retaining the

copper in solution. The mixture is then slightly acidulated with acetic acid, and the few drops of ferrocyanate of potash added. The first effect occasioned is the production of a brownish tinge, which deepens in some hours, and in the course of twenty-four hours (in some cases longer), a brown flocculent precipitate is deposited, the ferrocyanate of the oxide of copper. To obtain the metal from this precipitate is exceedingly easy. It consists in heating the precipitate to redness on a porcelain capsule, by which the hydrocyanic acid is partly expelled, and partly retained in combination with the oxide of iron, leaving on the capsule a mixture of the peroxide of copper, and the blue hydrocyanate of iron; on this you set with a little dilute sulphuric acid, which dissolves both metals, and by the addition of ammonia the iron is precipitated, and the copper retained in solution as before. You have now but to filter, acidulate with a little sulphuric acid, and introduce a bit of pure iron wire, which shortly becomes coated with metallic copper. Since the publication of M. Sarzeau's paper, I have repeated the process with every precaution against fallacy. I could devise, being impressed with the idea, that if I obtained similar results, they should induce medical jurists in this country to be cautious in deciding on poisoning or adulteration by copper on chemical evidence. I first procured a sufficient quantity of nitric acid and ammonia to serve for all my experiments, and test the copper might be contained in either of these fluids, I neutralized a portion of one with the other, dropped in the solution of ferrocyanate of potash, and patiently allowed them to stand for ten days, and not the slightest effect was produced; no fallacy was therefore to be apprehended from the materials employed, and this, I may remark, is by no means an unnecessary precaution, for I have more than once known a reagent to test itself, if I may be allowed to use the expression. 1st. The first experiment was with 10 g of unroasted D'Arbois coffee; in 24 hours a dense precipitate occurred, which, by the necessary manipulations, coated two inches of harpist's wire with metallic copper. 2nd. Fourteen ounces of white bread were similarly treated; a copious precipitate showed itself in minute traces in 24 hours, and in three days was sufficiently considerable to admit of decantation, incineration, and reduction by the immersion of the iron wire. 3rd. Eight ounces of black mustard-seed gave a similar result. 4th. One pound of beef afforded a faint metallic crust. 5th. From 16 $\frac{2}{3}$ of human blood, disiject

traces of copper were obtained at the end of six days.

6th. Three pounds of potatoes gave no cupreous marks; 1 lb. of pine charcoal seemed equally devoid of metallic impregnation.

7th. The last experiment I instituted, was one to which I would especially request the attention of the Society. I prepared an alimentary mass, such as I conceived might exemplify the rejected matters after a meal, perhaps attended with suspicious circumstances. The mass consisted of two eggs, three cups of strong coffee, and eight ounces of bread and butter. On drying and ignerating this mass, and subjecting it to the other steps of the process, metallic copper was distinctly obtained.

Concerning the source of the copper thus detected, I shall not at present enter into any speculations, further than to remark, that with respect to bread, some difference of opinion may arise whether the copper actually exists in the corn, or is accidentally or designedly introduced during the subsequent steps of the preparation of bread. In support of the natural existence of the copper in corn, we have, first, the analogy of its undeniabie existence in other vegetables; secondly, the evidence of M. Lefebure, a Dutch chemist of high reputation, who declares that he has found it in corn; and, thirdly, I may add my own experiments on bread, in which no adulteration of this kind has, in this country, been suspected. In opposition to these opinions, and in support of the designed adulteration, I may adduce the recent conviction and confessions of several bakers in Belgium, for practising this adulteration; secondly, in my own experiments, I have never succeeded in tracing copper in corn itself, although I have operated on a specimen growing over an extensive stratum of copper ore. That the copper may occur in bread accidentally, I conceive may arise from the *debris* of mill-stones, which, in some districts, are, I am told, incorporated with malachite or the carbonate of copper; and, lastly, from the evidence of *M. Leclercq*, who, in a debate on this subject at the *Académie Royale de Médecine, séance de Janvier, 1830*, stated that the sulphate of copper was used for the prevention of the moulting of grain. My own impressions on the subject are, that copper usually finds its way into bread by accident. The Belgic bakers used it by mistake for blue alumina. However, my experiments as yet have been too limited to enable me to pronounce a positive opinion on the subject.

However this question be decided, it is manifest that the natural existence of copper in the other substances I have described, must exercise an important influence over medico-legal analysis. One illustration I will advance on this subject. The Society, perhaps, are aware that a work under the odd appellation of "Diseases and Death in the Pot and the Bottle" was published in London last year. Amidst other adulterations, it announced that the greenness of Stilton cheese was sometimes effected by the use of verdigris; I accordingly procured a quantity of the green cheese, instituted on it nearly the same experiments recommended by M. Sarsen, and detected metallic copper. I can only say, that the appearance of M. Sarsen's paper prevented my denouncing the supposed adulteration to the local authorities, and on repeating the process with cheese not greened at all, an equal quantity of copper was obtained.

I have now, I trust, advanced enough to bear me out in my assertions; let, then on chemical grounds alone the detection of minute quantities of copper affords no grounds of imputation; and, 2nd, "that in all cases of analysis it is absolutely necessary that the quantity of the detected copper should be accurately estimated." I proceed, in conclusion, to detail a process by which the last object may be accomplished.

The points to be attended to in the quantitative detection of copper are fourfold, 1st. To bring all the copper in the suspected mixture into a state of solution. 2dly. To free that solution from organic matter as much as possible. 3dly. To throw down from the solution an insoluble compound of copper, the combining proportions of which we well known; and lastly, to re-dissolve that insoluble compound to the metallic state.

The *first* of these objects, namely, the dissolving of the copper, is readily and certainly effected by boiling the suspected material in dilute nitric acid for an hour in a porcelain vessel glazed with porcelain. The best vessels of this description, I may remark, are imported from Hamburgh, and no others should be used when there can be obtained.

The second point, viz., the freeing the solution from organic matter, is best obtained after the necessary mechanical filtration by the addition of caustic ammonia, which throws down caseum, albumen, the oxide of iron (which is often present), and various earthy matters, such as the phosphate of lime, while it retains the oxide of copper in solution.

The third step consists in the transmission of sulphuretted hydrogen through the mixture previously acidulated with acetic acid. An insoluble sulphuret of copper is formed, which readily subsides after boiling, and may be collected on a small filter. However, as the sulphuret of copper thus

obtained is always associated with organic matters, it should be incinerated on a little porcelain capsule over the spirit-lamp flame, and the residue redissolved in dilute sulphuric acid. This fluid is again to be neutralised with ammonia, a little acetic acid added, and sulphuretted hydrogen again transmitted. The sulphuret is now quite pure. It should then be washed, removed, dried in a water-bath, and carefully weighed. Of this black sulphuret—

100 Parts correspond to 64 metal	
Grs.	80 peroxide
1 Grain....	2 anhyd. sulph. of copper
.....	$3\frac{1}{2}$ crystallised ditto
.....	$1\frac{1}{2}$ neut. anhyd. per acet.
.....	$2\frac{1}{2}$ crystallized ditto
.....	$1\frac{1}{2}$ anhyd. carbon. copper
.....	$1\frac{1}{2}$ crystallized.

Lastly, this sulphuret should be reduced to the metallic state by boiling it with a little dilute nitric acid in a test tube, neutralising with ammonia, which strikes a beautiful blue colour, reacidulating with sulphuric acid, and introducing pure iron wire.

The reasons why I prefer this process to that of incineration and precipitation by the ferrocyanate of potash, are briefly, because the sulphuretted hydrogen does not indicate copper in the substances in which that metal naturally exist; and secondly, because the combining proportions of the ferrocyanate of potash have not yet been ascertained with sufficient precision.

Before I conclude, there is one point which I would remind the Society is of vital importance to be attended to in our inquiries on any fatal case of poisoning by this metal; it is, whether a cupreous emetic has not been administered before death, and if it has been, what was the precise quantity of the dose? It is obvious, that a professional poisoner might endeavour to protect himself from suspicion and conviction by the open administration of a copper emetic, under the pretence of ridding the stomach of any deleterious and unknown substance. In such a case it is evident, that if to our question as to the quantity of copper contained in the emetic, he replies, five grains, and that on analysis we find sulphuret of copper equivalent to twelve grains, that the chemical evidence is as conclusive as if seven grains had been detected where no emetic had been given.

London, 5th March, 1831.

ST. THOMAS'S HOSPITAL.

CLINICAL LECTURE

DELIVERED BY

DR. ELLIOTSON,

Feb. 21, 1831.

DISEASE OF THE HEART, LUNGS, AND LIVER.

SINCE my last lecture, Gentlemen, one patient has died of chronic bronchitis and disease of the heart. The case was that of A. B., aged 40, who said he had been ill a year. Most of the cases which now terminate fatally among us, I am happy to say, are cases of long-continued organic disease.

His symptoms were, difficulty of breathing, cough, and mucous expectoration. The expectoration was frothy, and sometimes, he said, dark. There is a great variety in the character of the expectoration in chronic bronchitis. Sometimes it is clear, sometimes opaque, sometimes frothy, sometimes blackish, grey, or bluish, sometimes yellow. I have seen it of a bile yellow. Sometimes glary, sometimes nearly solid. Indeed there is in different cases, and in the same case at different times, no end to its varieties. There was likewise oedema of the legs. On listening over the chest, there was sonorous and sibilous rattle in various parts. The man clearly laboured under bronchitis. Sonorous rattle there was in almost every part of the chest. The chronic bronchitis was inferred from this rattle, in combination with the other symptoms, and it was quite sufficient to give rise to the difficulty of breathing, to the expectoration, and to the oedema of the legs.

Notwithstanding, however, the chronic bronchitis was sufficient to explain all these symptoms, I, of course, examined his abdomen, and I found there was more or less fluctuation in it, and the liver was decidedly enlarged and hardened. He therefore had, besides chronic bronchitis, ascites and disease of the liver.

On listening to the heart I found that it beat too strongly, and that at the moment of the pulse a bellows-sound was heard, loudest in the situation of the left ventricle; that is to say, to the left of the sternum. This bellows-sound occurred at the moment of the pulse, and immediately afterwards there was a short clear strong sound, such as is ascribed by Laennec to the auricles, but much louder and clearer than the sound which is perceived in health. It was not loudest at the part where the bellows-sound was heard, but higher up. The auricles are situated above the ventricles, and this sound

was in the region of the auricles. I concluded, therefore, that there was an impediment to the passage of the blood from the left ventricle into the aorta, and that an auricle, or the auricles, were dilated, if Laennec was right in ascribing the second sound to the auricles.

The state of the pulse justified me in taking away a moderate quantity of blood. I bled him to twelve ounces, put him upon slops, and on account of the great difficulty of breathing he experienced, and the degree of sonorous rattle, I carried the antiphlogistic plan still further, and gave him two grains of calomel three times a day, with a scruple of tincture of digitalis. On the 23d I bled him again, but only to twelve ounces, as the disease was chronic. He seemed to have suffered an aggravation of the complaint from a fresh cold he caught, and was labouring under an acute attack, but as this acute attack was superadded to a chronic disease, I considered it dangerous to have recourse to active depletion. His diet was a little increased; that is to say, he was allowed a portion of milk. Still the symptoms continued, and the pulse did not decline at the end of a month (the 21st of December), and a fresh attack then appearing to come on, his breathing being more difficult, and the sonorous rattle increasing, I bled him again to twelve ounces. His pulse bore this so well, that, his symptoms still continuing, I bled him again to about a pint, and in about a week more I cupped him on the chest, and then he went on well till it was found necessary to have recourse again, from the state of the pulse, to bleeding, and on the 12th of January I bled him again to ten ounces. His mouth, which was formerly sore, being now well, and another fresh attack coming on, I gave him the calomel a second time, in doses of three grains twice a day. It was necessary, however, still to go on with small bleedings, which *always afforded him very great relief*, and the blood was always *much cupped and buffed*. He was bled on the 21st of January to eight ounces, on the 27th of January to twelve ounces, and on the 3d of this month (Feb.) another acute attack took place, making it necessary to cup him on the chest to ten ounces; the windows of the ward I found had been set open to let out the smoke, and he had in consequence another severe attack of acute bronchitis. However, the disease having lasted so long, I could not bleed him more than once, and this afforded him as usual great relief. He was obliged to sit up in bed; and he sank in the most gradual manner, and died on the 14th of this month. He was not inspected in the hospital, but some gentlemen were so kind as to go to his residence, and make the examination there.

I understand that the lungs showed chronic bronchitis in every part; that the bronchial tubes throughout the organ were very much thickened, showing the nature of the disease; that the lungs, too, were very heavy, and filled with frothy fluid, so that on lifting up a section of them, a serous fluid poured forth, as it would from a sponge. The lungs were pervious in every part, as they generally are in bronchitis; but there was a large collection of fluid in the tubes and air-cells, and perhaps in the cellular membrane, too, of the lungs; and consequently, on squeezing them, the fluid not only ran out, but ran out frothy. There was no effusion into the cavity of the chest on either side; that of course could not be, because respiration was heard distinctly on each side, even to the lowest part. But in examining the heart, the evidence of disease was very strong. There was more or less hypertrophy of the left ventricle; it was also dilated, and very considerable valvular disease existed, as you will see. The left ventricle is in a state of hypertrophy and dilatation; the substance is not thickened, but the cavity is larger than it should be, and yet the thickness of the parietes is not diminished, consequently there must have been more or less additional substance to maintain the natural thickness; and this accounts for the original violence of the pulse, and the strength of the heart's action.

The pericardium was found coherent throughout. I wish particularly to direct your attention to this, because some have an idea that adhesion or cohesion of the pericardium is very dangerous; and some have the very same idea of adhesions of the costal and pulmonary pleurae. Now I do not believe that any harm in general arises from these adhesions. Some people think, if they have a pain in the side, they have adhesion of the pleura, and make themselves very miserable. If they have, I do not think any harm usually results from it; and I believe that most of us, if we were examined now, would be found to have some adhesions, though we are in good health; and so it is with the pericardium. For my own part, I have never seen the least symptoms from even complete cohesion of the pericardium. I know very strong adhesion *at a single spot* will keep the heart there so close to the parietal pericardium, that when a person lies in a direction to draw the heart from that situation, it will be put upon the stretch, and give rise to a smarting pain. This man had no symptom about the heart, but what was all referable to the hypertrophy and valvular disease.

A patient of one of my colleagues was examined last week, who died of chronic pleuritis, with *empyema*, and in him the pericardium was quite coherent in every point,

and yet he had experienced no sign of cardiac disease. My colleague had carefully examined him, and no symptom of cardiac disease had been detected, nor had the man made the slightest complaint that could be referred to the heart, and yet the cohesion must have been of long standing. However, the cohesion of the pericardium in this particular case, illustrates another fact, that where there is organic cardiac disease, as the result of inflammation; where the internal membrane, for instance, is diseased from previous inflammation, the pericardium is generally affected also. Here there is considerable valvular disease, as I will show you, of the membrane within, and the cohesion of the pericardium without. I presume that pericarditis existed at one time, and had glued the two portions of the pericardium together.

I have mentioned over and over again, that I believe the greater number of diseases which occur in the hearts of young persons, that is, in persons not past the prime of life, begin as inflammations, and inflammations, too, of the pericardium. That appears to have been the case here. There was no pericardial cavity externally to the heart, for the pericardium cohorted at every point.

The part which I now show you, is the left ventricle laid open. Here are the aortic valves, rather thickened; but the mitral valve is the seat of great disease, thickened, cartilaginous, and ossified. The two portions of which the valve consists, are completely grown up together all round, and form a pouch. That portion of the internal membrane of the heart which proceeds from the aortic valves to form the mitral valve, which you see is continuous, is diseased,—grown up together into the form of a pouch. The opening of the valve is here necessarily rather smaller than it should be. It is not, however, by any means so reduced as you frequently see it. The aortic valves are also thickened and fleshy to the feel. Notwithstanding the opening of the mitral valve is necessarily diminished, it is by no means so diminished as in many cases I could show you. Here it is from beneath, and here you see it from behind. Instead of opening immediately forward, there is a sort of channel from a cohesion, a growing up of the two leaves of the valve. There is ossification here of the valve; and the hole is very well seen if you look at the valve from the auricle. It has been deposited, as usual, under the lining membrane. The hole here, here has been in contact with the blood, the internal membrane having given way and exposed it.

I have said that frequently the diminution of the opening is more considerable than what you have just seen, and here is a specimen of the same disease precisely, where

the opening is much more reduced. You see the pouch-like appearance of the mitral valve; the opening here is very inconsiderable; I should say it is not more than a third or a quarter of its natural dimensions. Here is another instance of the same effect, which unfortunately is very common; you see the opening from the left auricle behind into the left ventricle. It is well to look at these things, because I know that many persons who are not in the habit of opening hearts do not easily discover what is disease and what is not. Persons easily fall out of the way of detecting morbid appearances in the dissections of private practice. Although this is familiar and common to us, yet when persons are not in the habit of opening hearts, there is great difficulty in detecting even considerable morbid appearances. Here is a third specimen of the same thing.

When it is in the very highest degree, as you notice it here, the opening is a mere chink; you would hardly suppose this to be the mitral valve; the blood must here had extreme difficulty in passing through, and the patient could not have lived a moment if the disease had become more intrinsc than in this specimen. The man from whom this was taken came to the hospital in a dying state, and died before the end of the week; you will find these appearances in accordance with the account I have given to the public. It is the subject of my second engraving. I have said, that

“In the natural state the valves are translucent, fleshy, and flexible; when the subject of chronic inflammation, they become opaque and yellowish, thick and rigid. These changes are seen in dead subjects in various degrees, and may be considerable without reaching such a point as sensibly to disturb function.” You cannot tell by any sign, during life, that a valve is much thickened or opaque, or even diseased in any way; you can only say there is no impediment to the passage of the blood. If a valve is ever so much diseased, and does not afford impediment to the passage of the blood, or ceases to prevent its retrogression, it is impossible for any one to tell before death that it is diseased; it is only a change that impedes function which can be discovered, which obstructs the course or ceases to prevent regress.

Their progress (I continue) also advances with various degrees of obliquity. The surface of the valve may retain its smoothness, though frequently we observe asperities from excrescences or deposition.”

In this preparation the valve, for example, retains its smoothness; it is particularly smooth, whereas in the heart I now show you the valve has numerous asperi-

ties from deposition. This is the case with all the valves; sometimes they are perfectly smooth, very hard, and thickened; in other cases they grow rough.

"The induration varies in different points, so that one portion is partly translucent, while another is not only opaque and rigid, but even bony." That is the case here. There is a spot here which is translucent, quite smooth and thin, while in another part of the same valve it is not only opaque and rigid, but even bony; it varies in different points.

"The induration at length amounts to cartilage, and the part creaks when cut; the last stage is complete ossification. As the thickening and induration proceed, the opening becomes narrow, both from the thickening of the edges and from the approach of the portions of the valves towards each other." The mere thickening of the edges will of course lessen the opening, but the opening is lessened also from another circumstance, namely, as the valves approach each other they become rigid, and will not yield to the stream of blood.

"The several portions of the tricuspid and bicuspid or mitral valves grow up completely into a membrane with a very small aperture in its centre." Here you see they have grown up completely into a membrane with an aperture in its centre. I have not an instance of it in the tricuspid valve, for disease in the tricuspid valve is comparatively very rare.

"And this aperture is sometimes, as seen from the ventricle, and generally when viewed from the auricle, not circular but longitudinal, a mere slit. When seen even from the ventricle it is sometimes longitudinal; in this specimen the aperture, as seen from the ventricle, is longitudinal; sometimes, however, it is round, as is here seen, but generally when viewed from the auricle it is not circular, but longitudinal. If you look, in the present instance, at it from the auricle, it is not circular but longitudinal; and if you look at any of the preparations I have shown you from the auricle, you will find the openings of that shape."

In many cases it is a mere slit. Respecting the particular longitudinal form,—the *crescent* form of it, and the direction of that crescent, as far as I know, the observation was made first by Mr. Adam of Ireland; and that gentleman remarks that this slit is usually of a crescent form, with the concavity towards the root of the aorta, and the convexity backwards. Now, you observe here that the concavity is towards the root of the aorta, and the convexity backwards. Mr. Adam's remark I believe to be perfectly accurate. The aorta is nearer the septum than the opening of the mitral valve, and

you see the concave part of the slit towards the root of the aorta, and its convexity backwards.

I have said—"And the extension of the valvular membrane is sometimes so considerable that it appears to project into the ventricle in the form of a pouch or a funnel." This the French have described. "The semilunar valves stand firm and convex, as if distended by repletion of their sacs, and grow up so as to leave only a small round or triangular opening in their middle." In this preparation which I have already shown you, here is the aorta and its three semilunar valves; they have grown up so as to leave a tricornered opening. You see that this preparation exemplifies what I mentioned of the valves affording an impediment to the fluid, from becoming so rigid that they cannot get out of the way. You see that their convexity is just as if they were distended with wool. When the impediment to the progress of blood is considerable, I have said "the auricle behind is usually dilated and sometimes attenuated, sometimes of its natural thickness, sometimes, though rarely, thickened. Whether it be an auriculo-ventricular opening or a ventriculo-arterial, this effect is the same. Occasionally, when a ventriculo-arterial opening is narrowed, the ventricle behind is dilated or thickened, or both; but frequently this is not the case. The auricles suffer from being muscular to only a certain extent, and throughout of only insignificant thickness compared with the ventricles." Now, in this instance, behind the diseased spot the auricle is very much dilated,—much larger than it ought to be. It is not, however, through an impediment necessarily of the mitral opening that the left auricle will become dilated. If the obstruction is at the mouth of the aorta, still the auricle will often become dilated just as if it were at the auriculo-ventricular opening, and that is the case in the present instance; sometimes you will see that it is the *right* auricle that suffers dilatation, though the obstruction be at the mitral valve, or even at the mouth of the aorta; at so great a distance will obstruction produce dilatation.

The adhesive process exterior to the heart frequently binds down the proper auricles, so that they cannot be discovered till torn up. That is the case here, though the sinus of the left auricle is greatly dilated.

Let us now consider the symptoms in this case. In the heart there was heard a very loud clear sound after the pulse, just when it is supposed by Laennec that the auricles contract. This loud and clear sound not only was heard after the pulse immediately, and was followed by a pause, but it was heard loudest at the upper part of the cardiac region; that is, where the auricles are situated. Of

this there could be no doubt: it was heard by several gentlemen as well as myself, and among others by a physician who is very familiar with auscultation, and he was very much struck with the loudness of the sound in the auricular region immediately after the pulse; he concluded with me that of course the auricle would be found dilated, and so you see it is. After this loud clear sound came a pause.

Some difference of opinion exists as to the time of the contraction of the auricle; some maintain that it takes place immediately after the contraction of the ventricles, some immediately before. Now, I do not mean to make any positive assertion on the point, but one reason why I think Laennec is right, is this, that the sound ascribed by him to the auricles, is loudest in the situation of the auricles,—that affords a great probability that he was right. Here was a case of dilatation of one auricle, and the sound was particularly loud in the situation of one of the auricles, and occurred after the pulse and the heart's stroke.

Respecting, however, the other sound—the sound that took place when the pulse occurred, it must have arisen from an obstruction to the blood leaving the left ventricle on its way into the aorta. Now, I think you will see clearly that though the disease was here chiefly in the mitral valve, the aortic valves being only slightly thickened, not sufficiently to cause any impediment, yet it is evident that the disease in the mitral valves must have greatly impeded the flow of blood from the left ventricle into the aorta. I do not know that this has ever been attended to, but there being a great deposit of bone midway between the root or ring of the mitral valve, and its edge, there is a great projection of bone from the outside of the pouch of the mitral valve into the left ventricle, below the aortic valves, and this must have presented a very considerable impediment to the exit of the blood from the left ventricle. If I bring the cut portion of the ventricle together, you will find it difficult or impossible to pass your finger from the aorta into the left ventricle, or the reverse; that you meet with great difficulty from this bony, solid, immovable, side of the mitral valve, though from no disease of the aortic valves; your finger passes them easily. The bony valve stands out into the left ventricle just there, and must have occasioned great obstruction during life.

I do not recollect to have seen this noticed any where,—the circumstance of disease of a valve of one aperture, affecting a different aperture; indeed the obstruction is not really of the aortic opening, but just before it. This quantity of bone offered no impediment at all to the progress of the blood through the mitral valve; for the deposi-

tion has taken place in an outward direction, and caused the pouch of the mitral valve to be permanently extended. This shows the truth of what I said before; that auscultation will not tell you what valve is diseased, or how much it is diseased, or whether any valve is diseased at all; it will only tell you that there is an obstruction, and where that obstruction is, but not what that obstruction arises from. I recollect having had two persons under my care, with a strong bellows-sound at the moment of the pulse, and in both instances loudest in the right half of the cardiac region, and not in the left. I of course concluded there was an impediment to the blood from the heart into the pulmonary artery, which is a very rare occurrence. On opening the parts, the pulmonary artery was sound—the valves perfectly sound; but there was a mass of cartilage extending from the pericardium down into the substance of the heart, and pressing on the right ventricle just below the origin of the pulmonary artery, precisely where this mass of bone does in the left ventricle. The only difference between the cases was, that in the others there was a mass of cartilage in the substance of the heart, encroaching upon the right ventricle, impeding the passage of the blood; and here it is the mitral valve become bony, and encroaching upon the left ventricle, close to the spot of the blood's exit. It is impossible to force the finger from the aorta into the body of the ventricular cavity, and the bellows-sound at the moment of the pulse is fully explained. The disease of the mitral valve has also certainly lessened its opening, but not very considerably, as the chief disease is not towards its edge; and the auriculo-ventricular openings are in health so much larger than the ventriculo-arterial, that they will bear some reduction without any impediment to the flow of blood, and without bellows-sound. Whereas the ventriculo-arterial openings being smaller, afforded impediment and bellows-sound, from the least loss of their proportion to the cavity of the ventricles.

You see that the disease has not been confined to the heart, but has extended to the aorta. Here are points and patches of yellowish substance under the inner coat of the aorta, which would have been followed by ulceration of it, or have become bony. In the latter case, the inner coat would then have given way, and the blood would have rushed over the bare bone, as it must have done in the interior of the mitral valve.

A circumstance noticeable here, and which you will observe in many diseases of the heart, was, that some little time before death, little or no bellows-sound was to be heard, nor was there any strong impulse of the heart. When the person becomes very much

enfeebled, the blood is impelled with such slight force from the different cavities of the heart, that the opening, though diminished, is nearly large enough for the passage of the quantity of blood that has to escape, and little or no bellows-sound is heard; and often when the hypertrophy is considerable, you will just before death by no means find the impulse strong; so that if you had not made examinations earlier, you could not say the person was labouring under hypertrophy of the heart, at least not say so positively.

GASTRITIS.

There were some patients presented, Gentlemen, amongst whom were three women, and one of those had laboured under gastritis. The patient's name was Mary Turner, aged 22, and she had been ill four days. She came here on account of pleuritis it was said, and I was desired to see her on account of pleurisy. On examining her, I found that she had no sharp pains about the chest; she had experienced these, she said, before she came in, but on examining they were not then present. She had great pain at the epigastrium, increased on pressure. It was very tender, and there was a burning sensation in the stomach, especially when she took any thing into it. There was great tenderness in the left hypochondrium. You will very frequently find tenderness in the left hypochondrium when the stomach is affected, from the larger curvature being situated there. She had headache, and felt exceedingly drowsy and weak. Her pulse was full and soft; it was not hard and sharp as it frequently is in pleuritis; but, as in affections of most mucous membranes, it was full and soft. The tongue dry, and faintly brown. Though it was a case of gastritis, the tongue was not red at the back, at the edge, or at the tip. It is by no means a necessary consequence when there is affection of the stomach that the tongue should be red, either generally or at any particular spot, though it frequently is so. She told me she had been ill just in the same way last year for four months. Her face and neck were universally and deeply flushed. I cured her very simply by bleeding her to a pint, putting her upon slops, and giving her a dose of castor oil every day. That was the whole of the treatment, and from being exceedingly ill she was perfectly well, and presented on the 17th, having been in exactly a fortnight. There were no sudorifics given, no antimonials, no mercury—nothing at all but starvation, one free bleeding (bleeding till she fainted, and a pint was necessary for that purpose), and castor oil daily.

LEUCORRHOEA.

There was likewise a case of leucorrhœa,

which it may be useful to consider, as showing that one treatment is not always required, in cases of discharge from mucous membranes. Leucorrhœa is very often an effect of mere general debility of the system, and particularly of the vagina and uterus; but it sometimes is attended with very considerable irritation,—even inflammation of the vagina, and that inflammation may extend to the womb. Many cases of leucorrhœa begin as an active inflammation of the vagina, and it is impossible to distinguish them as far as I know from active gonorrhœa—perfectly impossible, except that you may, from the situation and life of the party, sometimes conceive gonorrhœa to be impossible. In this case, I have no doubt, it was inflammatory leucorrhœa; for whilst the woman was menstruating, she was exposed to cold and wet. The symptoms were, a frequent desire to make water, and invariable relief on making it. She had a bearing down both backwards and forwards, and a profuse yellow discharge from the vagina. She had nausea, which is very common in all affections of the womb, and the catamenia had suddenly stopped. The hypogastrium, indeed the whole region below the stomach, was excessively tender, and she was very costive. Here were all the signs of active inflammation—great costiveness, great quickness of pulse, heat, and even pain; and that inflammation was undoubtedly most in the pelvis, from the pain being there, and increased on pressure immediately above the pubes. It of course was low down in the pelvis, from the bearing down both backwards and forwards; and clearly in the vagina or uterus, on account of the profuse discharge from the vagina.

Notwithstanding this was a case of leucorrhœa I had her bled immediately to twenty ounces; had her put upon slops, and a number of leeches were applied to the epigastrium day after day, and she was purged regularly with castor oil; twenty leeches were put on again and again. When all the inflammatory symptoms were got the better of (and sometime afterward they re-appeared, and leeches were again required) I ordered her an injection of the nitrate of silver, two grains to an ounce of distilled water. She was going on well with this, and I kept her on milk, when, on catching cold, she was seized with a relapse, pain and tenderness, and a bearing down, so that I found it necessary on the 4th, and again on the 8th of this month, to have recourse again to venesection. This got rid of the inflammatory symptoms, and nothing but a profuse discharge now remained. I had no hesitation in continuing the nitrate of silver, for it never gave her any pain; indeed in a short time I increased it to three grains to the ounce, and that scarcely

produced the least pain, but it checked the discharge. She now got up, and the discharge lessened so much, and she felt so strong and well, that she told me she did not think it necessary to stay here any longer, and she went out, taking a quantity of injection with her. I am quite sure that the nitrate of silver forms one of the best injections you can employ in these cases. I will not say it is better than any, but I am quite sure that it is inferior to none, and better than many.

ACUTE RHEUMATISM.

There was a woman presented who came in with acute rheumatism, and she had also pain in the chest, particularly over the region of the heart, and a dry cough. I had recourse, not to local bleeding, but to general bleeding, and vinum colchici, half a drachm three times a day, under which treatment she got well, but the case presented nothing novel to you.

There was a case of *bronchitis*, in a man, sent away cured, and one of rheumatism. But the most interesting cases were,—the disease of the heart, the gastritis, and the inflammatory leucorrhœa.

UNIVERSITY OF LONDON.

REPLY TO A SENIOR STUDENT'S ACCOUNT OF SOME RECENT EVENTS IN THE MEDICAL SCHOOL.

To the Editor of THE LANCET.

SIR,—“Audi alteram partem,” is so peculiarly characteristic of your useful and valuable journal, that I shall make no apology for intruding the following observations upon your notice.

Conscious, Sir, as I am, that any published accounts of intestine dissensions, taking place amongst any part of the members of an institution (which, although rising, is but yet in its infancy) must be detrimental to its interest, I should have been the last person to open a correspondence on the subject which occupied the pages of your last Number. But the lists having been entered, the guntlet thrown down, I lose no time in accepting the challenge, and I have no doubt of being able to prove the party feeling, and incorrectness, of at least some parts of “the full and correct statement” given by your correspondent.

Last session, as your informant has stated, certain gentlemen, seventeen in number I believe, did make complaints to the Council, of the defective state of part of the anatomical instruction given in the University of London. But what were those complaints?

They did not then pretend to say, that Professor Pattison was unable to teach any part of anatomy. No! they dared not then make so unblushing, so groundless a charge. The spirit of turbulence and disaffection had not then risen to such a height; it had not then broken down all the mounds and bulwarks of decency, decorum, and respect. They only said Mr. Pattison had given an incomplete course of general anatomy, which, I believe, was not then much cultivated in any of the metropolitan schools; that he had not given the descriptive anatomy of the viscera and some other organs, in a sufficiently comprehensive manner. Whether there was or was not a cause for these remonstrances, I will not undertake to determine; but what was the result? Why, in order, if possible, to satisfy even the most captious and discontented, Mr. Bennett was, at Mr. Pattison's request, made a joint professor with him; and in order fully to meet the wishes of these gentlemen, the above-mentioned branches were comprehended in Mr. Bennett's division, whilst Mr. Pattison continued lecturing upon that department of the course in which he had given the greatest satisfaction. But the demon of mischief once raised, was not so easily to be exorcised. Many of these same gentlemen again came forward, and entered their formal protest against the total incompetency of their Professor, and demanded his immediate expulsion. What a goodly set of judges! I had, indeed, imagined at the commencement of the present session, that the storm was finally hushed, for in a conversation I had with a gentleman who was very active in the affair last year, he expressed himself quite satisfied with the new arrangement. But, alas! the tempest, though partially quelled, had not finally subsided. “A Senior Student” says, “meetings were held, at which no personal feeling was expressed, no party spirit evinced.” Could any meeting be designated by such terms, when the opponents of the measure, the advocates for their Professor, were denied a hearing? Yet such was the case. At the first meeting on the subject, the arguments of those who were the friends of impartiality and order, the foes of injustice and confusion, were answered, not by calm debate, but by noise and clamour, and the open modest avowal, “We are determined to do it, and we will have no opposition.” The address thus modestly proposed and carried, taxes Mr. Pattison with “a want of systematic arrangement, a superficial manner of treating the connexion of parts, the commission of palpable uncorrected errors, a want of sufficient interest, and an inaptitude in communicating information.” I shall speak of these charges separately.

For a refutation of the first, a plain state-

ment of facts will be quite sufficient for your medical readers. Mr. Pattison first gives us the anatomy of the bones, then the ligaments, next the muscles, afterwards the blood-vessels, and, lastly, the nerves. If this be not system, I know not the meaning of the term. In rebutting the second charge, I would merely refer any student to the manner in which he demonstrated the relative connexions of the carotid artery, and then state, that Professor Pattison did not promise giving us the relations of parts so minutely in the first division of his course, as in the second, where he devotes his attention especially to surgical anatomy; and I would ask any person who has attended his lectures on the bones, which are just concluded, whether he has not amply fulfilled his pledge.

The commission of palpable and uncorrected errors, is the next great crime. What lecturer is there, I would ask, who does not now and then make use of a term he does not exactly mean? Should a man with the scrofula in his hand, call it the clavicle once in three times, what tyro in anatomy would be deceived? Certainly, should any one be so misled, he would deserve to be so for his pains.

The next, namely, want of sufficient interest, is almost too frivolous to be mentioned, as it must be known to all, that the descriptive anatomy of the bones, muscles, &c., is a dry study indeed.

But now comes the "*ne plus ultra*" of accusations, "*inaptitude of communicating information.*" Now it seems to me, that this inaptitude may attach itself quite as readily to the accusers as to the accused. I confess myself to be one of those ignoramuses who do reap some benefit from the lectures of our excellent Professor. True, I have heard some of these *puissant judges* say, they were just as wise after one of his lectures as before; and verily I believe them, and with this belief is mingled no small a portion of commiseration.

Perhaps your readers may be convinced, that there was not that great excess of kindly feeling existing, when I inform them, that one of the clauses of the address at the time it was passed (though afterwards privately erased) was, that the *defect in his articulation* rendered him unfit for his chair. A more unkind and unfeeling imputation could not have been made. That Professor Pattison does labour under a little natural defect of utterance cannot be denied, but no man, with the least tincture of veracity, would for one moment contend, that it prevents his being perfectly understood.

This address was certainly supported by some gentlemen of distinguished talent, whom I was sorry to see in so bad a cause; but many junior students (excellent judges

no doubt) were foremost in the ranks; and, indeed, the first resolution was proposed by a student of this session's growth. Where these gentry picked up their vast stock of anatomical knowledge, I cannot even guess; nothing, however, less than a miracle could, in so short a space of time, have made them such critics of their professor's abilities. The transformation of surgeon's apprentices into first-rate anatomists, assuredly needs the aid of something quite as wonderworking as Harlequin's wand.

When "a Senior Student" said the address was signed by sixty students, he should also have stated the full number attending the class, which I think is 160, forty of whom immediately signed a memorial in favour of their professor. Sixty students therefore remain neutral, many of whom, to my certain knowledge, are friendly to Mr. Pattison; and when, from the sixty signatures, you subtract those who can know very little about the merits of the case, and the number of those who are carried away by the tide of influence be also considered, I think it will appear that the voice of the students is not so unanimous on his side the question as "A Senior Student" would intimate.

Your correspondent then proceeds to condemn the feelings Professor Pattison exhibited, on finding what was going on. Can you, can any person, wonder at a manly expression of indignation shown by a professor, on discovering that his own pupils were holding meetings to decide upon his eligibility to fill a chair, conferred upon him by such a combination of illustrious individuals as compose the Council of the University of London? Was it not natural, that, placed in so peculiar a situation, he should exert all the power vested in him? Was it not perfectly justifiable in him to tighten the reins of scholastic discipline as much as lay in his power? I leave it to any candid, unbiassed mind, to answer these questions; and I shall be much surprised if the conclusions come to will not be, that it "*indicated any fear of inquiry*," or that it proceeded from a wish to intimidate any member of his class. Irritated, vexed, harassed, and even bearded by those whom he was engaged in instructing, was this the time for the chairman of one of these unruly meetings, to demand a certificate of attendance? Surely not! "*Nemo mortalium omnibus horis sapit.*" He must have been fully aware of the result of his application before he made it. Had he waited a more convenient opportunity, his errand would not have been bootless. "A Senior Student" next taxes Professor Pattison with "*peremptorily ordering*" the students to descend from the top seats, and dwells very much upon the reiteration of the command.

One would really imagine, that both the eyes and ears of this gentleman were bleared with a very high magnifying power. Our Professor did not "perceptibly re-quest." The words he used were, as nearly as I can recollect—"Gentlemen, may I re-quest you will have the goodness to come down, and fill the lower part of the theatre first! The greater part immediately com-plied, but three or four maintained their places as immovably as if they were hewn statues. Thus follows a great deal about being "ordered" to sit in a certain part of the theatre, committing an insult upon those as "men and gentlemen," and so on. Now whatever may be the opinion respecting the judiciousness of Mr. Pattison's request in the first place, there can be but one upon the propriety of compliance on the part of his pupils; but if, as "men" and as pupils they were too spirited to obey a "com-mand," as "gentlemen" they ought to have known enough of politeness to comply with a moderate request made in a gentlemanly manner.

We read afterwards a great deal about the determination of the students to assert their independence, by placing themselves in an insulting row of defiance. Was this "gen-tlemanly?" Mr. Editor! it seems to me that, in the present enlightened times, stu-dents are not content with being students. No! they must rise superior to such a vulgar station, and put themselves at any rate upon a par with, if they do not take precedence of their instructor. Now I am of the old-fashioned opinion, that whatever the rank in life of a pupil may be, as long as he is a learner, there is a broad line of demarcation between him and his teacher, and that a certain degree of respect should be enter-tained by the former for the latter. Mr. Pattison very properly took down the names of these high-spirited genry, and then such hissings and hootings followed, and such *refuted* behaviour was exhibited, as would have disgraced a bear-garden, much more such classic ground as a Univer-sity. What followed, you will immediately see, was only a matter of course.

One part of the address I had nearly omitted; it relates to the deviation of the students to attend anatomy elsewhere. Such may be the case to a greater extent than I am aware of, but I do know some who entered the class of anatomy at St. Bar-tholomew's, because they were attending the surgical practice there, and could not return to the lecture at the university in time. This was before Mr. Pattison's hour was changed.

And now, Sir, allow me once more to de-precate the motives which led to the publi-cation of the above transaction in the pages of THE LANCET. "A Senior Student"

would have us believe that a paramount regard for the interest of the institution above all other considerations, induced the measure. If such be his feelings, the mode of expressing his attachment was indeed a remarkable one. The exposure of any inter-estings to the world, far from raising the establishment in which they occurred, in the public estimation, would only tend if possible to crush it in the dust. But I am very much afraid that such praiseworthy in-tentions did not prompt the pen of your in-formant. Some of the agitators in this revolutionary proceeding have even said in my hearing "they did not care a curse for the University," and such *verum advocates* would of course do all in their power to fur-ther its interests. But happily the perma-nent and triumphant success of the Univer-sity of London does not depend upon such lukewarm friends or disguised enemies. Founded by the great advocate for liberal education, and established upon the broad basis of science, it shall, it must, it will, eventually overcome all obstacles. Far be it from me to deny any person the right of private judgment; it is the glorious boast of an Englishman; but I must enter my pro-test against the unheard-of proceedings carried on during these last few weeks, by my fellow-students. Picture to yourself, Sir, an assembly of mere youths, many of whom have but just commenced their medical studies, met together to decide upon the ability or inability of a professor who was engaged in teaching anatomy before many of them had an existence. The very idea is preposterous. Its most prominent features are cruelty and injustice; for what can be more unjust than for *them* to make any for-mal decision at all? What more cruel than for them to drive a man ignominiously from the high station he at present fills, and blot his "hard-earned reputation" for ever.

But your correspondent would have the public believe that all the talent and industry of the students are ranged on his side. This is a decided misstatement. Our worthy Professor can number amongst his adherents many highly-talented and laborious indi-viduals, whose names have not been undistin-guished at the awards of prizes, &c., in the medical classes.

The statement of incompetency is com-pletely overthrown by the high testimonials Professor Pattison brought with him, and by his great reputation as a teacher in the American and other schools. For myself (and perhaps I can lay equal claim to the title of a senior student with the gentleman upon whose observations I have now finish-ed my comments) I can only say that I have regularly attended Professor Pattison's lec-tures for two sessions, and have always found him diligent, attentive, and laborious

in the discharge of his duties, and confident am I that any student who pays sufficient attention to his lectures, cannot fail of reaping an abundant store of anatomical knowledge.

In conclusion I beg leave to state that I have no personal ends to gain in writing the above. I have not the honour of being even personally known to Professor Pattison, never having had five minutes' conversation with him in my life. My sole aim has been to divest the circumstances of their false colouring, and to set the affair in its proper light. With regret for occupying so much of your valuable hebdomadal, I have the honour to be your obedient servant,

VERITAS.

University of London,
March 7, 1831.

THE LANCET.

London, Saturday, March 19, 1831.

THE assault committed upon the members of the College of Surgeons, under the direction of their President and Council, has elicited from the whole profession the most unqualified expressions of indignation. The extent of the pernicious and horrible power enjoyed by the Council is now fully understood by the profession and the public, though not, it would seem, by the President and the Council, who appear to be somewhat deficient in this respect, as they will find ere long that they have exceeded most unwarrantably the legitimate bounds of their authority. Many are the unsuspecting and kind-hearted creatures who have believed that the Council in publishing their restrictive regulations have been influenced rather by errors of judgment, than by improper feelings towards the profession and the public. But this delusion now no longer exists, one feeling every-where prevails, and it is universally acknowledged that the President and Council have *intentionally* treated the members with the grossest insults, have passed the most restrictive and infamous regulations for adjusting the payments made by students,

and that they had determined, even at the hazard of human life, to hold no open or free discussion with men whom they had so long treated as their servile inferiors: The outrage committed in the theatre of the College on Tuesday se'nnight is an event worthy of record in the most important pages of the history of this country, for few circumstances have ever occurred in connexion with the affairs of a learned profession more decidedly calculated to excite astonishment in the minds of informed men. If the despicable and self-perpetuating Council will take the trouble to look into their charter, they will find that the Royal College of Surgeons in London is a body corporate, consisting of President, Council, and Commonalty, or members, and that the **PROPERTY** of the College belongs to **THESE THREE ESTATES**. Well, then, these tyrannical ruffians have the impudence to assert that the members who form the immense majority of the corporation, have no right to discuss quietly in their own theatre a subject relating to the interests of an important portion of their brethren! Further, will these impudent upstarts have the unparalleled folly and impudence to assert, that the members have not a right to enter the College at any period of the day, so that they do not interrupt the performance of those public duties which the College was designed to execute? If the members choose to take possession of the College, and turn the present occupants into the street—if they choose to lead the fellows out and throw them into the Thames, how could the junta proceed against the members, except by an action of ejectment? True it is that the charter sanctions the self-electing principle by which the members of the College are placed in their offices; and, further, declares that the President and Council are empowered to make by-laws for the government and regulation of the College; but the charter does *not* declare that the property of the College belongs to the govern-

ing body exclusively, but in common with the members at large. Further, the regulations of the President and Council are not valid, if they be in opposition to the common or statute law of the land; and we know of no law by which the members of a corporation can be excluded from their own property, unless the minority be deprived, under agreement, of the privileges of possession, by the sanction of the great majority of incorporators. Here, a miserable and contemptible knot of worthless men, because they are placed in the possession of a little brief authority, have so far lost their wits as to believe that they may lord it over five or six thousand of their equals in rank, and their superiors in talent. There is a wide difference between the power to make by-laws for the government of an institution, and the power to shut out from possession in such an institution. Let the members of this worthy Council examine the bond under which they hold the Hunterian Museum, and they will find that the Museum is to be opened two days in each week, four hours on each day, for the admission of "Fellows of the College of Physicians," and of "Members of the College of Surgeons," and of persons properly introduced by them. Here there is a term specified for the admission of members, and it might be questionable whether the parties have a right to enter at any other period. But in the charter there is no time specified for admission into the College, and we contend, therefore, that the members have a right to enter that institution as frequently as the Council themselves, so that they do not interfere with the ministerial or executive duties of the individuals who are appointed by the charter to frame by-laws for the government of the institution. From the terms of the bond to which we have already adverted, it is obvious, beyond all dispute, that the members may meet in any number in the museum (so that they do not injure the preparations) and consult upon any question relating to

the welfare of the College; and if the President and Council continue to close the doors of the theatre and of the College, the members will do well to exercise this right for the common benefit of the institution and of the public. In the same bond it is expressly stipulated that twenty-four lectures, explanatory of the preparations in the museum, shall be delivered annually by some MEMBER of the College. Now, as the Council when they are elected think proper to repudiate the title of "*member*,"—think proper to strike their names from the *list of the commonalty* (for they ever speak of themselves as the "*Council*," in contradistinction to "*members*"), we ask why these lectures are not delivered by one of the *commonalty*, by one of the *members*, instead of one of the *Council*? If the Council will not answer these questions now, they shall be made to answer them on a future day. It was never intended by the legislature that the smaller body, the TWENTY-ONE, should enjoy the power of making by-laws for their own advantage, and to the degradation and injury of six thousand members. If those laws cease to operate for the general good,—are contrary to the general convenience of the immense majority of the corporation,—they are contrary to law, and cannot be enforced against non-contents. It was illegal to keep the members out of the College on Tuesday se'nnight until a quarter to four o'clock; and, in the absence of riot, of a breach of the peace, or a prospect of a breach of the peace, it was illegal, in the highest degree illegal, to use force to expel the members from the theatre after the lecturer had finally retired. Be it remembered that the commonalty had not assembled to *oppose* the President; they had not assembled to subvert any of the legal regulations which the Council had adopted for the government of the corporation; but they remained after the final withdrawal of the lecturer, for the purpose of upholding a privilege which had

long been enjoyed by a very large portion of their brethren. Thus they were acting for the *benefit* of the corporation, and not *against its interests*. Besides, as the lecture was one of those delivered in conformity with the bond, the theatre on that occasion was specially placed in possession of the members, for whose advantage the museum had been granted to the College, and the lecture was appointed to be given.

But who shall contend that the members have not a right to meet in the theatre at any time to discuss a professional grievance? Is there any man to be found outside the walls of a lunatic asylum so disgustingly stupid as to assert that the theatre was intended exclusively for the benefit of the President and Council, or that the President and Council are invested with the legal power to exclude members from meeting there to adopt beneficial public measures? Let the President and Council show by the charter that they enjoy such power before they again employ a band of ruffians to assault the *bona-fide* proprietors of the property. It cannot be forgotten that when the recent most atrocious outrage was committed, there was no charge whatever of misconduct made against any of the members. The paper exhibited to the members was merely inscribed, "The President and Council require the members and students to quit the theatre;" and that sent to Mr. WAKLEY was thus worded:—"Mr. WAKLEY, you are required by the President and Council to quit the theatre." There was no allegation to the effect that he had created a disturbance; that he had endangered the property of the building; that he had threatened to commit any breach of the peace. But while seated in perfect quietude, and listening peaceably to the cool and dispassionate remarks which Mr. KING was then addressing to the members, he was seized,—seized, because he did not instantly comply with the insolent mandate of the *minor* part of the corporation,—

of the TWENTY-ONE,—and was dragged from the theatre, and repeatedly struck by armed fellows hired expressly for the occasion. As legal proceedings have been commenced, time will show whether the assaulters were justified in their conduct by the enactments of the law under which they profess to exercise their authority. Meanwhile the members must be resolved not to be backward in asserting and vindicating their rights. To all intents and purposes they are as much justified in occupying that theatre for professional purposes as the President and Council; the charter not affording to these latter personages, any, the least, pretension to exclusive possession. When the Council was entrusted with the power to construct regulations for the government of the corporation, it was, of course, presumed, that the prominent features of those regulations would be in conformity with the welfare and convenience of the great majority of the incorporated. Hence it is expressly declared, that those regulations should not be framed in opposition to the existing legislative statutes; or, in other words, that they should not be contrary to the laws of the land. If it were not intended that the commonalty should be partakers of the benefits arising from the corporation, why were they mentioned in the charter? Why were they mentioned as forming one of the three estates, which, united, were to be one body corporate for ever? The Council have inferred that they have the power to exclude the commonalty from the full enjoyment of the property, because they the Council happen to be empowered to make the regulations. They must be taught, however, a lesson of a far different description. They must be made to know that the Council are as much bound to observe the by-laws as the members, and that they are not binding upon either party, if they be framed to operate adversely to the general good, or if they be opposed to the attainment of that object for which the charter

itself was originally granted. It is true that not one of the members has any individual right to any, the smallest, portion of property to be found in the College; but not one of the Council in his individual capacity enjoys a higher claim. With respect to the property of the College, they stand upon the same footing; with respect to the possession of the College, they stand upon the same footing; but with respect to the adoption of laws and regulations, the Council enjoy an exclusive privilege; that is, they can frame these without the advice or consent of the commonalty, tho' at the same time there is no power to enforce them if they are in opposition to the spirit of the charter, or contrary to the laws of the realm. Invested with this power, the seven-ty-one appear to imagine that they have the power to exclude from the property the six thousand, or that the six thousand cannot enter the College, unless at such times and seasons as may be specially named in the decrees issued by the seven-ty-ones!

Here, again, they will be taught a different lesson, and they shall, before long, be made to show, how they have appropriated the immense sums of money which, from time to time, have been deposited in their over-loaded coffers.

LONDON COLLEGE OF MEDICINE.

In consequence of a sudden call from town to attend an important medical trial at Maitland's, we have only time briefly to call attention to the brilliant meeting which took place at the Crown and Anchor in the Strand, on Wednesday evening, for the immediate establishment of this national institution. The work of medical reform is now, for the first time, fully in operation in this country, and we have altogether mistaken the character of British medical practitioners, if it do not go on with wonderful

celerity to a splendid and triumphant conclusion.

In our strictures published last autumn on the anomalies which exist in medical law, we repeatedly pointed attention to a projected plan for founding a new College, wherein there should exist equal rights, and equality of titles. That proposal will be fully developed in a report of the proceedings of this great meeting, over which Mr. Howe kindly and ably presided, in the next Number of this Journal, when we shall point out at some length the endless advantages which must result, both to the profession and the public, from a College founded upon such pure and unmixt principles of justice.

PUBLIC MEETING
OF THE
MEMBERS OF THE PROFESSION
*At the Crown and Anchor, on Wednesday,
March 16th, 1831.*

THE great public meeting of the profession which was announced in page 797 of this Journal, to be held this week in London, took place, as advertised, on Wednesday last; Joseph Howe, Esq., M.P., in the chair; the arrangements for the proceedings having been made by a committee of twenty-one medical gentlemen who previously assembled in consequence of the announcement.

The lengthened space which a report of this most important and almost unequalled meeting must necessarily occupy, prevents us, at this period of the week, from publishing the full account which so deeply interesting an event in the history of the medical profession demands; we shall, therefore, give in our present Number only a very brief detail of the proceedings.

The occasion was marked by the most absorbing interest, and as early as six o'clock, the hour at which the doors of the great room at the Crown and Anchor were opened, many gentlemen had arrived. By seven some hundreds had assembled, and by the time the proceedings had fully commenced, nearly a thousand gentlemen were present; and it is estimated that on the whole not less than thirteen hundred members of the profession and other gentlemen interested in the progress of science, attended the meeting.

In consequence of the detention at the House of Commons on parliamentary duties, of Mr. HUME, who had in the most kind and prompt manner promised to take the chair, it was half-past seven before the public business of the evening commenced. On entering the room, Mr. HUME and the members of the committee were received with cheers; and in a few seconds the platform was covered with surgeons and physicians of the highest respectability.

The Chairman having opened the meeting, a resolution to the following effect was proposed by W. S. BOWEN, Esq.:—That in consequence of the defective, unjust, and dangerous state of the law relating to medical science, it is absolutely essential to the security of the public health that measures be forthwith commenced to obtain from the legislature an improved constitution for the government of the medical profession.

The resolution was seconded by Mr. WAKLEY in a speech which occupied nearly an hour and a half in the delivery, and which was listened to with the deepest attention. At its conclusion, the meeting rose in a body, and carried the resolution with the loudest acclamations. It may be briefly stated that Mr. Wakley took a review of the present state of medical law and the medical colleges; the abuses which distinguish them; their injurious and oppressive effects upon medical education, the members of the profession, and the public health; the remedial advantages which would be derived from the establishment of a new college of medicine; and the principles on which such a college (conferring upon its members equal rights, and the one general title of "Doctor," and embracing in its scheme the formation of a fund for the widows and children of its members) should be established.

The second resolution, to the following effect, was moved by THOMAS KING, Esq., and seconded by Dr. EPPS, in speeches of great truth and force:—That the establishment of a new medical college on principles in accordance with the progress of science, presents, at the same time, the most practicable means of obtaining a general and complete reform in the system of medical legislation, is calculated to afford the greatest security to the public health, and will most effectually increase the utility, and advance the rank and respectability, of the general body of the medical profession. (Carried with only one dissentient voice.)

At the close of Dr. Epps's observations, Mr. W. W. SLEIGH presented himself to the notice of the meeting, and moved an amendment to the following effect:—That an institution called "The British College of Surgeons in London" was commenced in 1829, and that the laws of that institution being

fully adequate for all the purposes to which the resolution just passed was intended to apply, that a committee be appointed to examine into the circumstances connected with it, and report thereon to another public meeting.

This amendment, which was seconded by Mr. JONES, was prefaced by an attack on the character of Mr. Wakley as a public journalist, for having been the means of destroying an institution which was "born in dishonour and perished in disgrace." The opportunity for a reply was afforded to Mr. Wakley, who, after expressing his astonishment at the brazen impudence of his assailant, disclosed to the meeting such a statement of facts in justification of his conduct towards the institution in question, as covered Mr. Sleigh with disgrace, and called down upon him the strongest marks of contempt from the meeting. The amendment was instantly negatived.

The third resolution, moved by GEORGE WALKER, Esq., and seconded by Dr. MOZSON, was to the following effect:—That a committee of five, with power to increase their numbers to twelve, be appointed to examine deliberately into the best plan for the formation of a new institution. That this Committee do frame a code of laws and regulations for its general government and operations, and that they be required to report minutely on its several details to a general meeting, to be held within six weeks from the present day. Further, that no resolution shall be adopted by such Committee, unless it have received the sanction of two-thirds of the members present.

The following gentlemen were subsequently proposed and appointed the five members of the Committee:—Mr. Wakley, Mr. Waller, Mr. King, Dr. Epps, and Dr. O'Shaughnessy.

The fourth resolution, moved by WILLIAM MARSDEN, Esq., and seconded by — BURT, Esq., was to the following effect:—That the Council of the College of Surgeons in London have, by a long and continued system of arbitrary oppression and vexatious conduct towards the members of the College, assumed a jurisdiction which can never be constitutionally vested in any corporation, and that by the adoption of by-laws and regulations inconsistent with the interests of the institution, and by the exercise of repeated acts of authority subversive of its objects, they have, in the opinion of this meeting, lost the confidence of the profession, and justly forfeited their privileges and charters;—that a petition, therefore, be presented to the legislature, praying the appointment of a Committee to inquire into the conduct of the President and Council of the Royal College of Surgeons in London, in the administration of their

duties, and the present state of medical knowledge, and to adopt a remedy for the abuses which this meeting believes to exist in its government and constitution. That such petition do lie for signature of members of the College at ——— (Carried unanimously.)

The fifth resolution, moved by J. BAINBRIDGE, Esq., and seconded by Mr. LOVEKIN, was to the following effect:—That temporary chambers be taken, and a secretary engaged, for the accommodation and service of the committee appointed to report on the New Medical College. (Carried unanimously.)

After a few observations from Mr. DRA-MOTT, and some suggestions from gentlemen around the room, a vote of thanks was passed to the chairman with acclamation; three cheers were given for Mr. Warburton, as the friend of the medical profession, and an enthusiastic round of applause for the gentlemen to whom the profession and the public were principally indebted for the establishment of a new medical college.

The meeting did not break up until nearly 12 o'clock.

PRACTICAL OBSERVATIONS ON THE
PATHOLOGY AND TREATMENT
OF
DEAFNESS.

No. V.

By JOHN FOSBROKE, M.D., Cheltenham.

THE injections which I have mentioned may be used by patients as frequently as convenient to themselves. Mr. Buchan recommends an injection of vinegar and water, which was Galen's. Galen used injections of scales of iron, boiled in vinegar, to the consistence of honey; or ox-gall, dissolved in strong vinegar, and dropped in warm, and certain troches dissolved in vinegar. Of the injurious effects of instilling solutions of lunar caustic, and other irritants, into the ear, examples constantly occur. The case of a young lady, a patient of mine, which I shall give hereafter, is one instance, and that of an illustrious military commander and statesman is another. The case of this last personage was as follows:—Some new cannon were tried, close to where he was standing, at Woolwich; being taken by surprise, and the membrana tympani not being prepared for the explosion by the regulating action of its own muscles, it was ruptured at the instant, probably by the irregular contraction of the tensores, un-

restrained by their antagonists. Much pain followed, and a PURE AURIST was sent for, who ascribed the symptoms to *torpor of the nerves*!!! and dropped in a solution of lunar caustic into the meatus. Finding its way through the ruptured drum, it produced excessive irritation and violent agony in the internal ear, followed by otorrhœa (inflammation and discharge from the ear), with a succession of abscesses and discharges for two years subsequently, as well as deafness on one side. The injury also exerted an irritable state of the brain and nervous system, attended with constant restlessness and vigilance, and loss of tone of the stomach. After being at Cheltenham, and adopting an alternative system, he returned to London, where a spontaneous diarrhœa came on, which critical occurrence, though it excited apprehensions, was followed by recovery of his general health, but not of his hearing. We are taught, by the effects of this hazardous application of a violent and empirical remedy, to take heed how we proceed with an organ charged with the highest degree of sensibility, which is not only affected easily by external impressions of an injurious nature in health, but liable to exquisite pain and injury, perilous even to life from injudicious assaults in an irritable state. The ear is to be coaxed by gentle and gradual methods, not stormed by direct attacks and empirical violence.

Introduction of Probes and Injections into the Tympanum.—The Eustachian tube opens a passage for the introduction of injections into the most important cavity of the ear, viz., the tympanum. The practice of probing and injecting the tympanum through the Eustachian tube has been brought up recently in France, and introduced to English notice by Mr. Buchanan, of Hull, who is not an aurist, but a general practitioner. It is, however, nothing more than an old practice, used long since in England, and now again revived. It was first proposed for trial to the Royal Academy of Sciences, in Paris, by M. Gugot, about 1755, and rejected. It was then proposed and practised by Mr. Jonathan Wathen, surgeon, in Devonshire Square, not a pure aurist, who gave an account of it, with a plate, in the Philosophical Transactions of the above year. He states that he had cured one case by probes, after every other means had proved ineffectual. "This excited his further endeavours, so that he had pipes of different sizes adapted to a syringe, with which he has since injected the meatus externus with success."

The celebrated aurologist, M. Itard, of Paris (who is also not a pure aurist, but was educated as a physician and surgeon, for the French government, very properly, will suffer no man to practise as oculist,

aurist, or as any other species of impostor, who has not been educated regularly as Physician or surgeon in the first place) showed me, April 8, 1828, his mode of practice at the Deaf and Dumb Institution of the French capital. His assistant was employed in compressing a body of air into a huge cylinder of brass, by drawing up and down a central piston. To this cylinder was affixed a long tube of gum, or india rubber, which was regulated by a valve. This tube communicates at its centre, if required, by a branch tube, with a vase filled with aromatic herbs infused in spirits of wine. The process of introducing the air from the cylinder and tube into the cavity of the tympanum, was performed as follows: A deaf gentleman was seated in a chair, at the back of which a piece of wood, covered with leather and hollowed out, was fixed, to steady and receive his head; a *serve tete*, a collar of brass, lined with leather, was placed round his forehead; from its centre there projected downwards a brass for- cep, by which the ear-catheter, after its introduction into the Eustachian tube, was fixed. Dr. Itard first introduced into the Eustachian tube, with extreme facility, an elastic gum catheter, containing a wire. He then withdrew this catheter and passed a silver one of the same form; he screwed this last fast into the forceps of the *serve tete*, and then joined its free extremity to the end of the tube proceeding from the air-pump. The valve of the tube being turned by an assistant, the mediated air rushed in with a loud hiss into the cavity of the tympanum. But, by means of the valve, it was admitted into the ear more or less freely, according to the sensations of the patient and judgment of the operator. The patient pronounced the impregnated air very purgent. M. Itard observed, that the cold air becomes warm in its passage into the tympanum. He has another apparatus, which consists of a huge bellows placed under the ceiling of a low room, and made to communicate with a perpendicular tube, through which the air is conveyed to a metallic apparatus for containing warm fluids. These fluids are propelled by the blast through another tube into the ear-catheter. In this operation the patient is covered with a skin of leather. M. Itard's apparatus, as he observed, is much more forcible than the common syringe and ear-catheter used in this country. In the several cases in which I have used the latter, the patients experienced from it not the least benefit whatsoever. The deafness experienced no change, however long and carefully the process was persevered in. I think, nevertheless, that it deserves further trial. Probes should always be introduced into the Eustachian tubes before any opinion is pronounced affirming the existence of obstruction of those tubes, or before the operation of puncturing the membrane of the tympanum be meditated. The usual notions of obstruction of the Eustachian tube by symptoms, as I have said, are so fallacious, that no dependence can be placed upon them. Mr. Hutchinson has laid much stress upon previous bleeding and purging, to prevent irritation of the soft parts of the tube and internal ear from the use of the probes and injections. Gentleness and a correct head, appear to me to supersede the necessity of these precautionary means; at least I have found no occasion to have recourse to them. I have introduced the probes into both my own ears, at the same time without any sensible inconvenience, except very trifling and trifling throbbing and soreness. I did the same in the case of Mr. Shedd, a respectable tradesman in Cheltenham, a person of rather full habit and robust health; and others. Ear-probes require very feeble bulbs to pass the narrow part of the Eustachian tube, and sometimes should be bluntly. They are bent to a double curve, like an Italian S. Two are required; as is demonstrable by recourse to the skull, with the membrane of the tympanum preserved; the oblique position of that membrane, and the oblique facing of the small bones, and the handle of the malleus especially, turned the Eustachian tube, expose both to the bearing of the probe. Rude contact may, therefore, injure both, but the sensibility of the tympanum generally gives warning of the fullest extent to which the probe can be introduced with prudence. The French pupils habituate themselves to the use of the probes on the dead subject. Students, endeavouring to form some judgment of this practice upon the dry bones, should be aware, that the angle from the base of the anterior plate of the pterygoid process to the ear, is more acute in the skull than in the living parts; so that the insertion of the probe into the tract of the tube, after passing the nostrils, requires a curve, which renders the introduction extremely difficult; also the tract of the tube, when preserved after the bones are dried, is actually narrower than in the recently dead or living subject. The passage of the Eustachian tube is in the line of the styloid and zygomatic processes; it is roofed over by the root of the latter, and at the place of these processes the tract is very narrow. A small gold-wire probe, flattened at the end, may be passed, and in the recent skull, when it is approaching the tympanum, there is a sensation of knocking through some intervening medium; at that moment it is actually in the tympanum, and close to the manubrium of the malleus.

The introduction, therefore, requires care and attention to minute circumstances, which qualities are the parents of success and precision in the manipulations of surgery. The distance from the inner edge of the square bone of the palate to the tympanum averages about $\frac{5}{8}$ inches and $\frac{1}{4}$ th, and from the nasal bones to the tympanum, it is about $\frac{1}{2}$ inch. So much for planning the operation on the skeleton.

In introducing the probes in the living subject, it is first necessary to get the precise curve, otherwise the probe will be obstructed in the passage of the nostrils, by touching against the sides, and exciting sneezing. If the double curve be correct, having the convexity of the first curve turned outwardly, its passage from beginning to end will be uninterrupted. In passing the probe, the hand should be raised to the level of the nostrils. The point of the probe should be kept close to the side of the nostrils, and the back inclined towards the septum and corner without contact. When arrived at the base of the inner plate of the sphenoid process of the sphenoid bone, and the extremity of the square plate of the palate bone, it is inclined rather outwards and upwards in the direction of the articular process of the lower jaw. Having entered the tube, it passes into the tympanum, giving notice of its situation by the sensation peculiar to the membrana tympani when touched. Insinuated gently outwards in this manner, like a bougie into the urethra, its regular progress is intimated by its unimpeded transmission.

The puncturing of the Membrane of the Tympanum.—With respect to the puncturing of the membrane of the tympanum, as far as individual conclusions from a certain number of facts, and a deliberate consideration of all the circumstances connected with deafness, enable me to give an opinion, that opinion is unfavourable to this operation in almost every case. The inlet of cold air and moisture into the ear, on the view of sound experience, incurs the most unfavourable consequences to the hearing in exchange, for prospective benefits are very rarely realized. Puncture of the m. t. can seldom be of use, for it does not often happen that the obstruction of the Eustachian tube is the sole cause of the deafness in any case. In order to reach the middle cavity of the ear with injections, before I was acquainted with the practice of injecting the Eustachian tube, I punctured the m. t. of one ear twice in a case of extreme deafness, where the operation, under any result, could add little or nothing to the evil. The hearing was quickened for a few days, and then rendered worse. One patient wrote to me: "I applied unfortunately to a celebrated surgeon, who, without making any inquiry,

whether the operation were applicable to my case or not, punctured the tympanum of the right ear, of which, from that time to the present, I have had no use. I would observe, that I heard for about two days after the operation, when I became infinitely worse than I was before." In extenuation of the blame imputed to this personage, it must be observed that experience of the results of puncturing the m. t. was then too new and scanty to have indicated to the operator the probability of permanent injury. M. Tard told me that he had performed the operation a hundred times with none but injurious consequences, and decried it. He intimated that he had been misled by Sir A. Cooper's statements. One of Sir A. Cooper's pupils informs me, that Sir Astley should now say, that "where it has been of service in one case, it has done mischief in twenty." It may improve the hearing for a time, though the Eustachian tubes are not obstructed. The improvement arises probably from the conveyance of sound within the cavity of the tympanum, and nigher to the more exquisite structures of the labyrinth. After puncturing the membrane, a crack is heard by the patient like the tearing of parchment. The smaller the opening the better. There is a case where it may be of use—namely, where matter is collected in the tympanum. A very good case of this kind occurred lately in the practice of Mr. Liston of Edinburgh, and was related to me by Mr. Mackenzie, the demonstrator at the university of that place. The patient was Professor Wallace's son; the morbid action was changed after the operation, and he entirely recovered his hearing.

No. VI.

It is impossible to discover the membrane of the tympanum in all deaf patients with the naked eye, with all appliances and means to boot. But the external ear and head ought to be moved in various directions, and a full light thrown in, before the attempt is abandoned.

As the hearing becomes imperfect, so also does the associated action of the auricle. By drawing it almost over the concha, the voice is heard more loudly and distinctly by the deaf. When injecting the outer porch with warm fluids, I have observed a free and curious movement of the concha and skin of the passage like that of the serotum in warm water. When the auricle is cut off, Sennet's says that the impressions of vibrations on the ear resemble the rushing of waves.

In some cases of deafness without discharge or disease of the external auditory

passage and Eustachian tube, I have observed a want of force and vivacity in the impressions referred from the auditory nerve to the brain, with a corresponding dulness in the mental perception of sounds. The obscurity of impressions from without appears to be owing to the auditory nerve being occupied by sounds or sensations from within, created by an action existing in the brain itself, and producing sonitory impulses on the nerves of hearing. Since this form of deafness occurs generally in conjunction with nervous diseases, as hysterical deafness, it is probably owing to participation of the auditory nerves in the morbid condition of that system to which they belong, and not to any local affection of the ear.

It is fortunate that the functions of the auditory nerve are seldom or never so completely destroyed that some power of hearing is not left. It is also singular how seldom the nerve is injured in general paralysis. It must be remembered that there is a branch of the fifth, as well as the proper nerves, the portio dura and mollis, all which have three origins, and form three media of connexion with the brain. This circumstance, and the fact that deafness occurs with the general decay of the energies of the brain oftener than from local injury of the brain, suggest a probability that the auditory impression is received by the brain itself, or as certain authors believed, by the cerebellum, and that the sense resides chiefly in it.

Singing in the ears occurs indiscriminately in all cases of deafness with or without discharges. Dr. Griesinger observes that the *musculus auricularis* is a symptom which may form a distinct complaint without having the least influence upon hearing; that, it may arise from the same cause as deafness; that, difficulty of hearing may frequently but not always attend it; that, it may be of short duration, and originate either from insupportable causes, or in plethoric persons, from cerebral congestion, from some change in the auditory nerves themselves, from topical debility of the auditory organ, or from an exanthematic eruption of the ear. The tinkling of the ears also supervenes to some species of fevers, and is not infrequent after apoplexy. In the last case it is generally concomitant to deafness, without being, however, a constant symptom of every species of that complaint, as it is sometimes not observed in the most complete deafness. Professor Hope, of Edinburgh, has suggested in examinations that some diseases, as hysteria, may produce transient surdity, by setting the small muscles of the tympanum into action. The auditory nerve after entering the cochlea and spreading over the vessels in the vestibulum, is covered, according to modern

PRINCIPLES OF TREATMENT AND CURATIVE PROCESSES.

It is said, "The instructed scribe will resemble the householder, who brings forth out of his treasure new things and old." The manner in which the ancients treated deafness is not unworthy of notice. Their remedies were chiefly external. I have collected the following list from several old authors.—1. *External applications*.—The leaves of the *dyptacum* and *fen's-ear*. 2. *As injections*.—*Ass-hay* or *ground-hay*. "The essence dropped into the ears helps the deafness or noise there;" *Ayasep*: "It taketh away noise in the ear by injection."—3. *Tinctures*.—"The essence of it made with wine being dropped into the ears helps deafness."—4. *Juice of poplar or aspen trees*.—5. *Juice of liquorice*, yii; *soft bedellium*, yaa; sugar-candy, yii, dissolved; juice of leeks, yiv; juice of colander, yiv, mixed and "dropt into the ears, helps imposthumes, noise, and pain there."—6. *Common turpentine*, *serpentine of the fero's*: a combination of turpentine, olive oil, essential oils, and sulphur, was used with "happy success."—7. *Urine of men and animals*, droppt into the ears.—8. "The galls of all creatures," says Salmon, are "specifics for deafness, noise, and pain in the ears, with running matter. Of beasts the bull's gall is the strongest, and of birds, that of the partridge and heron, the gall of birds being accounted stronger than that of beasts. Waters, extracts, or tinctures, may be made of them, but the most famous is the tincture or powders of ox-gall." (*The preparations now commonly used by curats*.—*E*.) An "extract made of human gall and ox-gall mixed with breast-milk, droppt into the ear; being stoppt with cotton dypt into the same, cures pain and noise in the ears. Dog's gall droppt in warm goat's milk, with honey, wall's, mix'd, to bring out insects; bull's, mixed with honey or balsam, sleep's, with breast-milk, and injected with a syringe," are all recommended by the old authors. Such is the origin of the nostrums which surmise and "sold wives" now prescribe.—9. *Miscellaneous*: Powdered horse-dung (which contains ammonia), fat of dormice, lion's brains made into an oil, muck put into the ears stoppt with cotton, heron's and goose grease, *hog's lice and cow-worms* (!) boiled in oil and mingled with hare's urine, and put into the ears morning and evening." *Modus*. 3. *As*

masticatories and *errhines*:—Masticatories of mastich, pyrettrum, cummin, and cloves, twice a day, and errhines of the betonica and melissa, aa., ʒss; vel. alb. aa., ʒi, M. To be drawn up the nostrils in fragments.

Salmon, in his "above seven hundred eminent cures in the most usual diseases happening to humane bodies, done by several famous physicians and performed by the author hereof" (1685), gives eight cases of deafness, which were treated chiefly by bleeding, purging, dry cupping, steaming the ear with herbs put into solutions of fixed alkali, and hot fomentations of the head. It is interesting to mark the progress of therapeutics, by comparing the ancient with modern practice; I shall, therefore, give brief abstracts of the most striking particulars in these cases. The whole tend to prove, that however erroneous were the theories which they entertained of old, their general plans of treatment were equally sound, if not more energetic and decisive, than the systems laid down in modern books on deafness. Instead, indeed, of the practice being better than formerly, it has rather grown worse; it is more feeble, and less directly applied to the general cause, if it be, as we think, a pathological condition mostly consisting in congestion of the capillaries of the ear.

Case 1. Romish priest, 48 æt., cured by purging with antimony, "agreeable to the judgment of Hippocrates, who says, that deafness is cured by purging," and "by potential cauteries to the thigh to repel the humours from the ears to the inferior parts," and by the essence of thyme and cloves instilled into his ears morning and evening. "Cured in a month."

Case 2. Gentleman, 60 æt., deaf from the excessively penetrating cold of the Pyrenean mountains. (Yet a lady, a she-ass no doubt, lately went from Cheltenham to the Pyrenees to get well of deafness!—F.) Cured by the same remedies.

Case 3. A nun, 34 æt., "very thick of hearing," and "had a great and frequent noise in her ears." "By God's assistance I cured her with the following things:—In the morning before meat, her body being exonerated of its excrements, her head was washed in a lie, in which was boiled a handful of mint, penny-royal, and assarum roots, then well rubbed with hot cloths, dried, and covered." A stimulatory of white helibore, &c., was "blown up her nostrils, by which much thick and clammy suevel was cast forth; bleeding plentifully from the head veins in each arm."

Case 4. Ulcer in the right ear, with difficulty of hearing. Cured by bleeding in the cephalic on the hand, and afterwards in the median on the arm, using stimulatories,

and applying five drops of oil of sulphur night and morning to the meatus externus.

Case 5. Perfect deafness in a senator, 76 æt. The stimulatory and oil of sulphur practice. "This man, *by the grace of God*, was cured by me. After the same manner, *praise be to God*, we have cured many others of deafness."

Case 6. Woman deaf of one ear, and thick of hearing in the other. "Often let blood, but was still worse." "Cupping glasses without scarification to her shoulders, three days together, every month; this did much good; washing the head with a lxivium of cephalic herbs; pills for fourteen days, with rubbing and combing; chewing a masticatory, which made her spit much, so that a great revulsion was made from her ears;" carp gall, dipped in fennel and caraway-water and spirits of juniper, dropped into her ears; fuming her ears through a funnel with the fumes of origanum, rue, marjorum, lavender, juniper, bay berries, fennel, caraways, and cummin, boiled in wine.*

Case 7. A woman, many years thick of hearing. Purging; fuming of the ears; three drops of a mixture of water of galls, honey, turpentine, fennel, and sulphur, with eye-bright, mixed and dropped into the ears.

Case 8. Difficulty of hearing and noise in the ears, from a fall. Three cupping glasses applied on both sides; one under the ears, the next on the top of the shoulder, and the lowest on the shoulder-blades, with fire; the next day the same again, and the third day with scarification; purging; "she sweated, fasting in a hot-house!" and after, washed her head and feet with a lye of oak-ashes and a little lime, in which were boiled lavender and spikenard. By the use of these things the noise in the ears ceased, and came no more."

These cases show that deafness is not a bit better treated now than a century and half ago, nor so efficiently.

The modern curative processes employed in deafness are both local and constitutional. The same agents, with little difference, are applicable to deafness *with* and *without discharge*. The local remedies, commonly used in this country, are gargles, injections, medicated tents, external irritants, and leeches. M. Itard, of Paris, spoke contemptuously of these methods, and of our practice in deafness generally, as extremely imbecile, comparatively with the French. It is the opinion of the intelligent and thinking part of the English; who have resided long in France, that the French physicians, though less decided and vigorous in acute diseases,

* The French still use aromatic herbs in fomentations with more effect than if they were mere hot water or vapour. We have carried theory and simplification too far in these and other respects.

treat chronic diseases with much more skill, much more attention to detail, than English practitioners. Let us have an English doctor for an acute disease, and a French one for a chronic disorder, is a common saying among them. The French physicians, from being incomparably superior as anatomists and physiologists, and far more conversant with morbid anatomy, which is the great foundation of properly directed treatment, penetrate much more acutely and analytically into the nature, seats, and causes of diseases, and instead of taking a sweeping and general view, and giving a random definition at a *coup d'œil*, trace the diseased action patiently from part to part, separate its difficult and entangled links, and combat it wherever they find it. The French translator of "Thomson on Inflammation" observes, in his preface, that an English physician's knowledge consists in bleeding, purging, and giving mercury for *every thing*, after which he is at his wit's end.

In deafness with discharge, injections are of the greatest service. In deafness without discharge, in which the ceruminous glands are in a torpid or generally morbid state, the stimulus is frequently salutary. The patient finds his hearing more confused for a time after the use of them, but it soon becomes clearer. Whether moisture supply the place of wax as a conductor of sound, or act on another principle in its immediate effect in improving the hearing, I cannot decide. In all cases, with or without discharge, with or without injury of the membrane of the tympanum, or whether they be transmitted by the external porch, or through the Eustachian tube into the tympanum, the rule has been established from the earliest periods that injections should be mild in quality. They should also be warm; cold injections cause catarrhs, violent headaches, noise in the ears, and lower the sensibility of these organs. Water softened and made oily with castile soap, a weak solution of lead in distilled water (for example—*R. Vin. opii, 3ss; plumbi superac., gr. viii; aquæ dist., 3vi*) or milk, tepid lime-water and milk, constitute the usual injections for the *meatus externus*. The French surgeons use a decoction of the stems of the soapwort (*saponaria officinalis*), the brook daudelon, and other herbs, which they inject with a forcing pump to the quantity of seven pints daily. To show their method, and to signify several other interesting points, I shall here detail a case. Understanding that Mrs. R., a lady of Lymington, Hants, had gone to France in 1824, and had placed herself under the care of an eminent French practitioner for deafness, and, after a long course of treatment, by means of these injections, the frequent use of vapour-baths medicated with elder, chamomile, and laven-

der, flowers had recovered the sense, I applied for the particulars of her case from the lady herself, through Messrs. Moody and Gauntlett, surgeons' instrument makers at Bath, who first mentioned it to me. The plan consisted in the constant application of leeches inside and behind the ears, and linseed poultices, until all appearances of the local inflammation ceased. She goes on in her letter:—"I used also a syringe-pump at the same time. The injection was a luke-warm decoction of soapwort made with soft water. This was continued for some months. I then began a course of vapour baths, in which I am now persisting. My instructions were to resume the bath during the next three summers. My deafness originated from violent colds, with redness, inflammation, and hardness of the skin." To give solidity to my statements, it has been usual on my part to suffer two or three years' elapse, before I give out cases to the public as CURES PERFORMED. I have seen enough of the ultimate results of boasted cures by this or that marvellous personage of the trading cure-mongering and John Long school, after, as the wonder always goes, the poor noodle-headed patient "had been under the first men in the country," who had failed and been utterly discomfited, to know how to estimate the first temporary and deceitful appearances of relief in old and chronic cases, and to be convinced of the fallacious nature of the popular impressions which they produce at the time. After the expiration of two or three years, something like a reasonable conclusion may be formed, whether a man have made any real impression or none upon a disease; whether he have made what people call "a firm cure,"—a cure that will stand. But whenever an individual or his puffers go trumpeting about, that the former has cured a chronic disease upon the ground of changes, which have stood the test of merely days or weeks; time, in nine cases out of ten, exposes the hollowness of these boasts and puffs, and the real purse-milking motives of them. Therefore it is that the watering-place doctors, who seek "the bubble-reputation at the liar's mouth," and who know their trade, but not their art, take care to send their patients away in time, from certain glorious decoys for gulls. It ought to be the rule of every patient who has the faculties of a rational being (and such patients, I admit, are very few in number), when told of a cure, to ask the great actor how long ago it happened; and if a short time only has elapsed, he may set it down that no dependence is as yet to be placed on its permanency, knowing the necessity of deferred testimony; but without personal feelings towards the French physician, which would be applicable in

this case, I was curious to know how far this cure stood firm in the end, and therefore made it a matter of particular inquiry. As she herself relates in 1824, she had recovered, though her deafness was so complete, that she could not hear the noise of carriages in the streets of the town. It had come on in the course of a scaly cutaneous disease, with strumous discharges near the ear. The treatment of the French physician cured the deafness and cutaneous disease after great perseverance, and she grew corpulent during the use of the baths from the improvement of her constitution. After she returned to England, a vapour bath was constructed for the purpose of steaming her body with the vapour of vinegar and water passed through camomile and lavender flowers. This stimulus softened and separated the scales, and restored the skin to its healthy action and natural perspiration. But mark the sequel! In 1826, the artificial amendment had given way, and *the cutaneous disease and deafness had returned, with all the manifestations of a confirmed strumous habit!* We hear of more cures in the world than were ever performed.

ST. BARTHOLOMEW'S HOSPITAL.

STRANGULATED INGUINAL HERNIA.

MARY ROBINSON, a delicate-looking woman, ætat. 45, was admitted into Sitwell's Ward, on Friday, Feb. 11th, at noon, under the care of Mr. Vincent.

She has a tumour of the shape and about the size of a pigeon's egg, in front of the external abdominal ring. She vomited immediately before she came here, but has not since. She has excessive nausea, her abdomen is rather tense, and very tender to the touch, particularly in the vicinity of the umbilicus. Countenance anxious; tongue white; pulse frequent and small, with occasional biocip. She states, that about twelve years since, during a difficult labour, a rupture took place; it did not produce much inconvenience, and she returned it herself. The hernia has frequently descended since, and she has succeeded in returning it in every instance without much difficulty, and has never worn a truss. Last *Tuesday week*, while engaged about her domestic concerns, but not using more than ordinary exertion, it again protruded, and she was unable to return it. Her alimentary canal continued to perform its functions until *Monday last*, since which her bowels have not been relieved, and she has suffered from incessant nausea and vomiting. Attempts were made, previous to her coming here, to reduce the hernia, but were unsuc-

cessful: Immediately after her admission, the taxis was had recourse to, and the hernia returned into the canal, but could not be passed through the internal ring; as soon as the pressure was discontinued, the gut again protruded. She was then put into a warm bath, and remained in it twenty minutes. The taxis was again employed while she was in the bath, with the same result as before. Mr. Vincent saw her at two o'clock, and proceeded to perform the operation directly, and did it in the usual manner. When the sac was opened, a portion of ilium, about three inches long, and of a dark-rose colour, was exposed. The stricture was at the internal ring, and was formed by the neck of the sac. As soon as the stricture was divided, some fluid, having a peculiar odour, escaped. The intestine was drawn out of the abdomen for about two inches, and appeared healthy beyond the stricture. In the line of the stricture an opening was seen in the gut, with a hernia of the mucous membrane, capable of admitting the extremity of the little-finger, through which some very fetid, whey-like-looking fluid escaped. Two small ulcers were seen close to this opening, but it was thought that they did not extend to the mucous membrane. Mr. Vincent then held a consultation with his colleagues as to the propriety of closing the opening by means of a ligature. Mr. Lawrence and Mr. Stanley each related a case similar to the present, in which the opening had been closed by a ligature, and the termination of the case had been such as to induce them to recommend the adoption of the same practice in the present instance. Mr. Vincent immediately closed the opening with a fine silk ligature, and cut off its extremities close to the knot. When this had been done, fluid was seen escaping through the two small ulcers, which were close to the one which had been just closed. Another ligature was then tied around the one already applied, and its extremities left undivided. The intestine was then returned into the abdomen, and the ulcerated portion retained opposite the external opening by means of the ends of the silk being brought through the wound, which was then closed by adhesive plaster. A bandage was applied in the usual manner, and the patient removed from the theatre. Her pulse flagged a good deal during the operation, and when she was put to bed, it was so feeble as to be scarcely perceptible, and some wine was given to her. Mr. Vincent saw her again at three o'clock, she had then rallied, and her pulse was much more distinct. She was ordered to have an enema immediately, which was administered, but returned directly, unmixed with fecal matter.

Seven o'clock P.M. She was seen at five

o'clock, and ordered to take *two drachms of the sulphate of magnesia in a saline draught, every second hour*. She has had one copious evacuation, which was dark coloured, but not very offensive; there has been no recurrence of the vomiting; her pulse is small and very rapid; tongue whitish and moist; abdomen tense and painful to the touch; skin moist. *Let her continue her medicine.*

18. Ten o'clock a.m. Has had three copious evacuations since our last visit; slept till three o'clock, when she was awoken by an attack of pain in the region of the umbilicus. The sister of the ward fomented her abdomen, which relieved her very much. Her abdomen is now very tense, and the slightest pressure on it is productive of extreme pain. Pulse 130, and rather full; skin moist; tongue white and dry; no vomiting. *Thirty leeches to be applied to the abdomen, after which the fomentations to be repeated, and the medicine to be continued.*

One o'clock p.m. Pain and tension of the abdomen much relieved; leeches have bled very freely; she appears fair; has vomited twice since ten o'clock; pulse frequent and feeble; respiration laborious, and performed by the chest alone; bowels not open since; about an hour ago she expressed a wish for an enema, which was administered, and returned in a few minutes. She says she felt much relieved after it. *To discontinue the draught, and to take three grains of calomel with a quarter of a grain of opium every second hour.*

Three o'clock p.m. Has taken two doses of calomel and opium; the pain and tension of the abdomen are much increased; pulse very small, and so frequent as to preclude the possibility of counting it; countenance expressive of anxiety; difficulty of respiration much increased; skin bedewed with cold clammy perspiration; occasional hiccup, and great prostration of strength. *To take an ounce of port-wine directly, to repeat the leeches, fomentations, and enema.*

15. She died last night at six o'clock, and was removed from the hospital within half an hour afterwards, consequently no post-mortem examination was made.

WESTMINSTER HOSPITAL.

ARRANGEMENTS are about to be made at this hospital for the delivery of clinical lectures to the medical pupils. Dr. Hamilton Roe, the junior physician, upon whom this duty will devolve, proposes to have a ward appropriated to such patients as are sufficiently interesting to be made the subjects of comment. (February.)

The annual accounts have been lately closed, and the result is certainly creditable to the care and attention of the Officers. In the medical department especially, the expenditure of medicines has greatly diminished, whilst the number of patients has progressively augmented. This will be made clear by the following little table:—

	No. of Patients.	Cost of Medicines.
1887 ..	2153	£2 53s 3 3
1898 ..	2458	38s 1 11
1899 ..	2515	35s 15 0
1890 ..	4015	56s 4 0

This remarkable reduction of expenditure is chiefly attributable to the vigilance and frugality of Mr. Edwards.

Since the defeat of the scheme for removing the hospital to Charing-cross, the directors of the institution have been actively engaged in search of a site in the immediate neighbourhood of the present building, but hitherto no definitive arrangement has been proposed. Negotiations have been some time on foot for a site in Prince's-street, opposite the west end of the abbey, and this plan seems to unite all suffrages in its support, as it presents an improved situation in the very heart of old Westminster. We shall lay before our readers, historical sketches of the most interesting cases which may be treated by the physicians and surgeons of this establishment, together with such clinical comments as these gentlemen may make upon them.

Owing to the injudicious construction, imperfect ventilation, and crowded state of the wards, where scarcely 400 cubic feet of respiratory space is afforded to each patient, relapses frequently occur, and as may be supposed from the depletion effected in the treatment of the first attack, are very intractable. The rooms being long and narrow, and warmed by one large fire-place only, their temperature is rendered unequal; it produces at each end the extremes of heat and cold. The windows are so inconveniently situated that a wash cannot be lowered to purify the atmosphere, without directing a current of air upon one of the patients.

HEPATITIS CHRONICA.

RICHARD HARRISON, etat. 38, a painter, was admitted the 17th November, 1830, with chronic *hepatitis* and other sequelæ of *cirrhosis pliciformis*. His constitution was originally good, but it has been severely shaken by repeated attacks of this disease, to which he first became subject in his twentieth year. After this he experienced an attack annually, until about six years ago, when he was first exempted from it. Severe bilious attacks, however, followed in the train of the old disease, and he has hardly ever been free from hepatic symptoms.

These have ever and anon been relieved by cupping, and turpentine and castor-oil draughts.

On admission, the skin and conjunctivæ were of a light yellow hue, the countenance anxious, and the features sharp, indicative of that mental prostration which is characteristic of the chronic stage of painter's cholic.

The tongue is furred and flabby, the bowels are confined, the pain of abdomen relieved on pressure, and occasional lancinating pains in the elbows and knees annoy him. The patient was early married, and he does not appear to have ever been inordinately addicted to sensual pleasures. — *Opium, two grains; calomel, four grains. Make a bolus to be taken at bed-time.*

18. This morning he is much better; he has slept well, the first time for ten days; his sympathetic pains have abated; bowels confined; pulse 108, and feeble. — *Castor oil, one ounce, to be taken every two hours until the bowels be opened.*

19. The bowels have acted well, and he has slept profoundly; at present he has no pain whatever. — *Let him take the pill twice a-day.*

20. Somewhat better; he is annoyed with nausea: the emunctories do their duty tolerably, and he sleeps well.

27. He has continued without much variation since the last note; he has been entirely free from pain, but has experienced a gradual diminution of strength and loss of appetite; to-day the pulse is 102, rather voluminous and feeble; and it is deemed expedient to give him the following tonic. — *Sulphate of quinine, two grains, to be taken three times a-day, in the form of a draught.*

Dec. 2. He suffers great inequality of spirits; at one moment they are buoyant, at another miserably depressed; his rest is again disturbed, and he complains of dull pain in his bones; he has tenderness in his right hypochondrium, and his countenance is more sallow than before. Pulse moderately full and regular; bowels scantily open; and he has scarcely strength to sit up in bed. — *Opium, one grain; blue pill, five grains. Make a pill, to be taken every night. — Decoction of dandelion, one ounce; castor oil, half an ounce, to be taken every morning.*

6. His health has varied like an April day; the tenderness extended from the right hypochondrium over the whole abdomen, and a blister was consequently applied to that region, and afforded signal relief: this was followed by an amendment in the general state of the patient, and the constitution seemed for a while to rally with sufficient force to throw off all its ailments;

but the poor fellow again soon relapsed into a state of depression, and the disease again resumed its ascendancy. He now sleeps indifferently; the bowels are open scantily; there is an evident fluctuation of fluid in the abdomen, and his legs have become oedematous: pulse 100 of moderate force, — *Extract of colocynth, ten grains, immediately.*

11. The colocynth acted freely upon the patient's bowels, and there was a faint amelioration in his condition. On the subsequent day, however, a slight sore throat supervened, which consisted of a mere rubescence of the internal fauces. The strength of the patient gradually diminished, the quantity of fluid in the abdomen increased, and was attended with pain and tenderness: for this a blister was applied, and temporary relief afforded; but the fulcrum of his constitution was gone, and its permanent reanimation was hopeless. To-day he is exceedingly feeble; he has a difficulty of swallowing, owing to a copious secretion of viscid mucus in the throat; his countenance however is tranquil, and his pupils are dilated; the pulse 120, and very feeble. *Port wine, four ounces daily.*

13. The difficulty of swallowing increasing, a sinapiem was applied to the throat; the tongue became excessively swollen, but did not materially impede respiration: this organ was scarified and its size reduced; he had difficulty in swallowing his wine, became gradually exhausted, and expired this afternoon.

Autopsy twenty-four hours after death.

The patient was much emaciated: immediately on opening the thoracic and abdominal cavities, considerable visceral disease was evident. In the abdomen, adhesions between the organs were very general; the liver and stomach were both covered with a thick coating of coagulable lymph, flakes of which were floating in a large quantity of serum which existed in this cavity. The substance of the liver was condensed throughout, and its functions in several parts obliterated; the mucous membrane of the alimentary canal presented vestiges of inflammation. In the thorax old adhesions existed between the proper and reflected pleuræ, and the substance of the lung was studded with tubercles of various ages. The mucous tunic of the larynx and bronchiæ was considerably injected; but the mucous membrane of the pharynx was quite healthy, and the substance of the tongue exhibited only the appearance of a simple tumefaction.

NAVAL SURGEONS.

THE following letter was received at the Editor's residence at the moment the Journal was going to press.

RESULT OF THE DEPUTATION TO THE
LORD CHAMBERLAIN.—

THE ORDER OF EXCLUSION
FROM HIS
MAJESTY'S LEVEES RESCINDED.

*To the Members of the Royal College
of Surgeons.*

GENTLEMEN,—In obedience to your resolution of the 8th inst., we have this day waited on his Grace the Duke of Devonshire, on the subject of the exclusion of the surgeons and assistant-surgeons of the navy from his Majesty's levees. His Grace said he had great pleasure in being able to authorize us to communicate to you the following answer:—

“That his Majesty entertained the kindest feelings towards the surgeons and assistant-surgeons of his navy; that the order complained of was rescinded, and that in future those officers would be admitted to the levees through the Lords of the Admiralty.”

Offering you our warmest congratulations upon this result, we have the honour to remain, your faithful servants,

GEORGE WALKER,

THOMAS KING.

209, Piccadilly, March 17, 1831.

P.S. Mr. Wakley having been subpoenaed to attend a trial at Maidstone this day, he was deprived the pleasure of joining the deputation.

COLLEGE OF PHYSICIANS.

To the Editor of THE LANCET.

SIR,—Will you have the kindness to inform the discontented author of the letter signed “A Licentiate” (page 799 of your last Number), that the College of Physicians exacts nothing beyond what it is entitled to exact by virtue of the act of Parliament and the College charter,—that all the students at each of our universities have just as much right to complain of the College and other fees exacted from them there. So again, in all public and government offices, he will find that whoever applies for their advantages, is subject to demands on his purse,—that in law he is drained of fees at every step,—and, in short, that there must be a thorough revolution in all these institutions and proceedings, before his *quid pro quo* accounts can be satisfactorily audited,—that if he be an Aberdeen or other Dub, he cannot expect to enjoy the privileges of better educated men, and must submit to the privation, and stifle his *l.s.d.* murmurs, satisfied with the privilege, that his paltry “32*l.*” gives of making his fortune (as many licentiates do), by the power which he cannot otherwise obtain of practising as a physician at all in or near London. As to his discontent at the paper which he heard at the College—if it contained many “*self-evident facts*,” they are surely preferable to lies which elude detection. If it yielded but “little instruction,” let him supply the College (if he can!) with one that yields more! If he felt “disappointment,” he was quite at liberty to walk out, without, probably, the fear of any one missing him! And if he “regret the loss of time,” advise him to go and employ it in future more to his “benefit or satisfaction.”

I am, Sir,

Your obedient servant,

AGRESTIS.

[For a letter on the same subject, but of a very different tenor from the above, we have not room this week.—ED. L.]

TO CORRESPONDENTS.

We are again most reluctantly compelled to postpone the insertion of several communications which we have long had on hand; but we shall speedily be enabled to discharge all the claims our correspondents have on us,—we hope to their satisfaction.

INDEX

TO

VOLUME I.—MDCCCXXX—XXXI.

A

ABERNETHY, Mr. French's "Biographie" of, 320.

Abortion, practice of procuring in Constantinople, 525.

Abscess, psoas, case of, 223; lumbar, case of, 284; in the brain, 735.

Acetic acid, as a counter-irritant, 537.

Acid, sulphuric, test for in its pure and diluted forms, 133; muriatic, character of, 193; arsenious, 481, 545; arsenic, 482; hydriodic, formation of, 613; meconic, tests for, 803; hydrocyanic, description of, 805; prussic, generation of during the heating of animal matters, 806; the common properties of, 133; mineral, poisoning by, 835; oxalic, antidote to, 836.

Act, Lunatic, observations on the, 605.

Addison, Dr., honourable conduct of, 701.

Address to the medical profession on the outrage at the College, 798.

Adolphus, Mr., malignity of, 212.

Adulteration of croton oil, 87; of food, 485.

Ague and rheumatism, combination of, 123; arsenic in, 618.

Air, injection of, into the cavity of the chest, 543; action of, on the blood, 712.

Albumen, decomposition of corrosive sublimate by, 418; as an antidote to corrosive sublimate, 838.

Aldersgate-Street Medical School, proceedings at the, 814; anniversary dinner of, 758.

Alkalies, vegetable, experiments on, 670.

Amaurosis, strychnine in, 90; on the detection of, in impostors, 296.

Amenorrhœa, case of, 491.

Amos, Mr., reflections of, on Dr. Granville, 700.

Amputation on the field, remarks on, 130; repeated hæmorrhage after, 348.

Analysis, apparatus for conducting, 135; medico-legal, extraordinary specimens of, 548.

No. 395.

Anasarca, clinical remarks on a case of, 237; in conjunction with pneumonia, 283.

Anatomy, Fyfe's notice of a new edition of, 186.

Ankle-joint, disease of, 124; of the horse, remarks on the, 678.

Aneurism, popliteal, remarks on *bruit de soufflet* in, 141; diffused, Mr. Bennett's case of, 190; of the external iliac, operation for, 215; of the ascending aorta, case of, 222; of the external iliac, for which the common iliac was tied, 230; of the ischiatic artery, 231; of the aorta, 774, remarks on, 775.

Aneurisms, contrivance of nature in, 841.

Anæmia, remarks on, 491.

Antidotes, chemical, paucity of, 835.

Antimony, leading characters of, 321; various preparations of, 322; chloride of, 324.

Anus, passage of a fœtus by the, 702.

Aorta, ascending, aneurism of the, 222; operation of tying the, 285; malformation of the, 247.

Apoplexy, pulmonary, cases of, 577.

Apothecaries, practical rights of, 413;—Company, regulations of, 5; defence of, 28; regulation of relative to lecturers on medical jurisprudence, 99; mode in which their act originated, 146; Act, investigation, and exposure of the, 437; certificate system of the, 691; of Dublin, reform in, 701; disgraceful prosecution of Mr. Ryan by the, 867, 869; Act, effects of the, 869.

Apothecary, prosecution of one by the College of Physicians, 180.

Apprentices, law relating to, 64.

Apprenticeships in Ireland, defence of, 669.

Arm, presentation and evolution, cases of, 307; double simple fracture of the, 431.

Army medical promotions, some remarks on, 186; assistant-surgeons, partiality in the appointment of, 142; jobbing in the medical department of the, 512.

3 L

Arsenic and laudanum, case of poisoning by, 463; its preparations, chemistry of, 481, 545; sulphurets of, 482, 516, 550; in ague, 618.

Arteries, torsion of, 126; remarkable case of inflammation of the, 225.

Arteriotomy, case of erysipelas after, 189.

Arteritis, remarkable case of, 225.

Ascites of the peritoneum and ovarium, 559.

Asphyxia, administration of snuff in, 37; in insane persons, 509; cure of hydrophobia by, 734.

Associations, local, medical, letter on, 480.

Asthma, arising from chronic bronchitis, 558.

Astragalus, extirpation of the, 283.

Asylums, private lunatic, observations on, 605.

Attendance, medical, remarks on charges for, 463, 782; on paupers, 639; at duels, 720.

Anra, epileptica, application of ligature for, 221; and tumour in the head, 493; variety of, 553; origin of, 591.

Anrists, vagrant, puffs of, 534.

Auscultation, obstetric, articles on, 233, 395, 497, 578, 621, 622; in diseases of the heart, 580, 683, 812, 840.

B

Baldness, case of, 595.

Bark, administration of corrosive sublimate in tincture of, 344; as an antidote to tartar emetic, 839.

Barrett, Mr. P. W., on cases of epilepsy, 287.

Baryta, chemical relations of, 802.

Bat Club, a junior one, 64.

Bathing, warm, value of, after colic, 391.

Bats, migratory, and puff-and-kill-shop, 604.

Beale, Mr. Lionel J., on the removal of the Westminster Hospital, 170.

Beetham, Mr. A., letter from, 268.

Bell, Mr. C., conduct of, at the London University, 80; resignation of, 311; "resignation" papers of, 338.

Bellows-sound, cause of its production, 124; clinical remarks on the, 428.

Bennett, Mr., case of diffused aneurism by, 190; on erysipelas of the penis and scrotum, 767.

Bethlem Hospital; minutes of evidence against Dr. Wright, 279, 320.

Birmingham, medical prizes at, 543.

Bismuth, chemical history of, 834; mode of detection of, 834.

Blackwood's Magazine, extract from, 71.

Bladder, disease of the, 479, 841; fistulous opening in the, 520; 841.

Blane's (Sir G.) gold medal, 572.

Bleeding, good effect of, in a case of dia-

betes, 261; excessive, disease arising from, 432; treatment of, 432; to fifty ounces, 446; and starving in bronchitis, 590; well-timed, Dr. Jeffreys on, 755.

Blicke, Dr. W. F., on puerperal fever and peritoneal inflammation, 305.

Blizard, Sir W., correspondence relating to, 30; unfitness of, to be in the Council, 61; illiberal acts of, 209; curious compact entered into by, 317.

Blood, beneficial abstraction of, in diabetes, 261; Dr. Elliotson on the loss of, 240; detection of, by the smell, 610; action of the atmosphere upon, 712; colour of the, 712; physiology of the, 713.

Bloodletting in cases of aneurism, 776.

"Bond" business at the London Hospital, 317.

Bone, removal of the superior maxillary, 275.

Bone-setters, quack, practices of, 572, 702.

Books, lists of, 64, 96, 128, 160, 256, 288, 352, 480, 544, 608, 736.

Borough schools, recommencement of studies at, 95.

Botany, Stephenson and Charchill's, 672, 734.

Bougies, employment of, for the conveyance of ointments, 290.

Bow-Street officers, employment of, in the theatre of the College, 787, 792.

Bowen, Mr., of Isleworth, letters from, 308, 783.

Bowen, Mr., of Hampton, mala-praxis of, 74, 83, 116, 118, 119, 140, 224, 319; defence of, by Mr. Merson, 165, 182.

Brachial artery, ligature of the, 508.

Brain, supposed disease of the, 36; loss of a portion of, 478; recovery after loss of, 571; induration of the, 590; of sheep, hydatids in the, 703; abscess in the, 735.

Breast, scirrhus of the, case of, 191.

Bristol, remarks on an inquest at, 148.

Brodie, Mr., remarks on the evidence of, at Long's trial, 249.

Bronchitis, severe, cases of, 198, 551; cured by bleeding and starving, 590; chronic, case of, 650, 809.

Bruit de soufflet in popliteal aneurism, remarks on, 141; cause of, 428, 840.

Burns from lightning, 446; and scalds, an essay on, 845.

C

Calomel after wounds in dissection, 454.

Calculi in the bladder, cases of, 657, 660.

Calcutta, transactions of the Medical and Physical Society of, 260.

Cameleon, peculiar structure of the tongue of the, 295.

- Cancer, case of, 39; of the lip, remarks on, by Mr. Lawrence, 197; of the rectum, distinguishing symptoms of, 289; of the nose removed by extirpation, 648; of the uterus, 679, 714.
- Cantharides, on the employment of, 518.
- Carbonate of iron, preparation of, 457.
- Carmichael, Mr., patriotic resignation of, 271; commendation of the conduct of, 311.
- Cartilage, semilunar, of the knee-joint, 784.
- Cashin, Miss, indictment of Long for slaughtering, 23; his trial, 200.
- Catalepsy, a variety of hysteria, 771; fatal case of, 772.
- Cataract, instrument for extracting, 65; deficiency of inflammatory action after an operation for, 264; operation for, 319.
- Cathartics, use of, in a case of stammering, 217.
- Caution to medical men, 160; extraordinary development of the organ of, 846.
- Cemetery, proposal for a metropolitan general one, 235.
- Cerebellum, abscess in the, 735.
- Cerebral disease, on certain symptoms attributed to, 36.
- Cerebritis, acute, contractions of the muscles in, 669.
- Cerebrum, disease of the, 495; diagnosis in diseases of the, 668.
- Chalk, an antidote for oxalic acid, 195.
- Charcoal, combustion of, 640.
- Charing-Cross Hospital, remarks on the erection of the, 115, 169, 170.
- Charenton Lunatic Asylum, statistical report on the, 229.
- Charlatanism amongst the "learned" in Turkey, 523.
- Charter of the London College of Surgeons, origin of the, 339; to the London University, 727.
- Charters, medical, observations on the, 564.
- Cheese, existence of copper in, 801.
- Chemical analysis, apparatus for conducting (see poisons); papers on various subjects, 42.
- Chemistry, Elements of, by Dr. A. Fyfe, 264; Turner's Elements of, 387; fallibility of, in evidence, 546; Dr. Reid's, 679.
- Chenopodium olidum, efficacy of, in chlorosis, 40.
- Chest, rheumatism of, clinical lecture on, 159; counter-irritants in affections of the, 537; injection of air into the cavity of the, 643.
- Chlorine, effects of, in poisoning by prussic acid, 59; inhalation of in consumption, 459.
- Chlorosis, efficacy of the chenopodium olidum in, 40; in males, 491.
- Cholera morbus, offer of the Russian government for a prize essay on, 176; debate on, 345; in Russia, nature of the, 350; treatment of, 442; medical deputations to examine into, 512; deaths from, 533; use of magnesia in treatment of the, 568; ravages of the, 789.
- Cholera, epidemic, account of an, 263; treatment of, 263.
- Christianity, Dr. J. G. Smith's remarks on, 103.
- Christison, Dr., character of, as a chemist, 132; practical commentaries on his processes for the detection of poisons. (See Poisons.)
- Churchill, Dr. J., Morss on his "Medical Botany," 734.
- Cigar smoking in the anatomical theatre at St. Bartholomew's, 286; letter on, 317; Mr. Lawrence's proper remarks on, 318.
- Cinchona, endermic application of, 520.
- Clark, Mr. B., remarks on the claims of, 135.
- Clinical lectures, value of, 2.
- Clinton, Dr., letter from, 621.
- Club, United Service Medical, proposal of a, 872.
- Colchicum, secondary effects of, 281.
- Cold affusion as an antidote to prussic acid, 59.
- Colic arising from lead, remarks on, 389; best plan of opening the bowels in, 390.
- Columnnasi, operation for restoring the, 711.
- College of Medicine, the London, alarm of the College of Physicians at the bare mention of, 180; want of one, 436; projected establishment of a, 568; the only remedy for professional grievances, 598; establishment of the, 824.
- College of Surgeons in London, regulations of, 5; Mr. Elmore on the corrupt conduct of, 60; rejection of Mr. Lynn by the Council, 72; manner in which the charter was obtained, 146; remarks on the legal powers of, 112; "pluckings" at the, 317; its origin from the "shavers," 340; avarice of the court of the, 347; Hunterian oration at the, 694; discussion of the naval surgeons' question at the, 695; proposed meeting at the, 765; second discussion of the naval surgeons' question at the, 785; on the relation between the members and Council of the, 818; illegality of the use of force at the, 819; rights of the members of the, 820;—in Dublin, pernicious practices of the, 311; letter of Ar. J. on the, 441; constitution of the, 441; remarks on the, 747.
- College of Physicians, a upas to the profession, 145; prosecution of an apothecary by, 180; declining state of, 179; extract from the charter of the,

- 316; court humbug at the, 667; meeting at the, 670; lectures and accounts of the, 799; letter on the, 832; gross illiberality of the, 869.
- Colleges, medical, defiance of the, by quacks, 250, 302.
- Combustion, observations on, 677; of charcoal, 640.
- Commissioners, non-medical, of lunacy, 606.
- Commonalty of the College, precedent for the, 699.
- Compressores venæ dorsalis penis in man, discovery of, 293.
- "Concours," mode of electing by, in Paris, 479.
- Concussion of the retina, 446.
- Conjunctiva, chronic inflammation of, 288; stains on the, 292.
- Constantinople, state of medicine at, 522.
- Consumption, inhalation of medicines in, 450.
- Contagion of dracunculus, M. Dussap's opinion on, 313; in cases of scarlatina, 392.
- Contraction, involuntary, of the muscle, 459.
- Convulsions from loss of blood, case of, 243; clinical remarks on, 243; feigned, 273, case of, 273; clinical remarks on, 273; on a peculiar species of, 526; in infants, remarks on, 679.
- Cooper, Mr. G., cases of arm presentation and evolution by, 307.
- Copper, arsenite of, 482; detection of, in cheeses, 801; on the discovery of, in inorganic matters, 806.
- Cornea, ulcers of the, use of the nitrate of silver in, 292; employment of the acetate of lead in, 292; on ulcerations of the, 430; discovery of nerves of the, 408.
- Corns, cure of, by lunar caustic, 144.
- Coroner, election of, for Middlesex, 4, 20; account of the proceedings at the Middlesex election, 40; dinner to celebrate, 43.
- Coroners, non-medical, blunders of, at Portsea, 29; reply to the charge, 173; votes of Messrs. Blizard and Headington in favour of, 30; remarks on, 73; Dr. J. G. Smith on, 101; small fees of, 128; ignorant obstinacy of, 143; inquests of, in jails, 144; observations of one, 182; curious conduct and opinion of one, 212; opinions of, on obstetric operations, 401; inefficiency of, at hospital inquests, 403; legal ignorance of, 405, 436; capacity of, for medical jurisprudence, 502; remarks on, 626.
- Corporations, medical, anomalous state of the, 303.
- Corpus luteum, 735.
- Corrigan, Dr., on the non-synchronism of the pulse and impulse, 91.
- Corrosive sublimate, extraordinary result of rubbing in, 187; administration of in tincture of bark, 344; detection of, 417; decomposition of, 418; in otorrhœa, 535.
- Cough, spasmodic, case of, 563.
- Council of the College—"impossibility" of their receiving the resolution of the members, 764; hostilities of the to the members, 786; exposure of the conduct of the, 789.
- Crab-yaw, boiling of legain, 709.
- Graniun, compound fracture of the, 571.
- Croton oil, review of Short on the, 86; external action of, 522; important efficacy of, 555.

D

- Davies, Mr. J., on the passage of a fœtus through the anus, 702.
- "Day-mare," instance of, 675.
- Deafness, on the pathology and treatment of, 533, 645, 740, 777, 779, 823; exciting causes of, 647; predisposing causes of, 740; and dumbness, simulation of, 206.
- Dentition, lancing the gums in, 528.
- Derbyshire Infirmary, cases at, and state of, 59; case of Ellen Cope at the, 108.
- Dermott, Mr. G. D., on medical reform, 140; on the action of the heart, 412; on hospital elections, 509.
- Deputation to the Lord Chamberlain, result of the, 332.
- Dewhurst, Mr. H. W., on the legal powers of the College of Surgeons, 112; on acetic acid as a counter-irritant, 537.
- Diabetes, cured by bleeding, 261; in horses, 408, character of, 408; frequent cause of, 608.
- Diagnosis, imperfect, bad effect of, 589; in cerebral diseases, 668, 669.
- Diarrhœa, case of, 492.
- Diary of a physician, defence of the papers entitled, 71.
- Diet, on the regulation of, 335.
- Dinner, anniversary, of the Aldersgate Street Medical School, 758.
- Diploma of the London University, 37; of the College of Surgeons, little value of the, 208.
- Discharge from the ear in deafness, 742.
- Dispensary, Surrey, letter on the, 640; Nottingham, proceedings respecting the, 726.
- Dispensatory, Edinburgh, review of the, 214.
- Dissection wounds, use of calomel in cases of, 454; treatment of wounds received in, 455.
- Dissections, remarkable, 739.

Divinity and Medicine, on the connexion of, 470.
Dobson, Mr. W., on the action of the heart, 35; on the physiology of the placenta, 103.
Doctor, title of, its adoption generally, 182.
Dog, case of rabies in the, 105.
Douglass, Mr. J., on osteo-sarcoma, 753.
Dracunculus, prevalence of, 313.
Dreams, remarks on, 674.
Drew, Mr. H. P. L., letter from, 224.
Drinking, disease of the heart from, 557.
Dropsy, pathology of, 472; universal, from disease of the heart, 488; case of, 557; inflammatory, case of, 591; ovarian, clinical remarks on, 558; pregnancy mistaken for, 655.
Dublin College of Surgeons, disgraceful by-laws of the, 270; retirement of Mr. Carmichael, 271; and Edinburgh schools, remarks on the, 503, 529; apothecaries' Company, abuses in the, 701; Hospital Reports, review of, vol. v, 225, 289; fever hospital, report of, 581.
Dubs, per centage, strictures on, 582.
Duels, risk of assisting at, 666; aiding at, 720.
Duncan's Edinburgh Dispensary, review of, 214.
Dyspepsia, case of, 562.
Dyspnœa, spasmodic, remarks on, 679.

E

Ear, Mr. Earle's fatal operation on the, 404; strictures on, 656; malformation of the, 416; diseases of the, 645, 740, 777, 823.
Earle, Mr. T., note respecting, 187.
Earle, Mr. H., remarks on his "ear operation," 403.
Eczema, case of, 469.
Edinburgh, Medical Journal, review of, 88, 622, 709; and Dublin schools, remarks on the, 503.
Education, medical, in Ireland, 441, 504, 529, 531, 669, 745, 748.
Edwards, Mr. H., letter from, 63.
Egypt, frequency of calculus in, 671.
Elbow-joint, excision of the, 89.
Elections of hospital surgeons, abuses in the present system of, 207, 509; by "concoors" at Paris, 479.
Electricity in palsy of the wrists from lead, 720.
Elephantiasis, case of, 446.
Elliotson, Dr., review of his work on diseases of the heart, 84; his paper on glands in the human subject, 231.—Clinical lectures by, on cases occurring in St. Thomas's Hospital:—Case of paralysis agitans, 119, 568; disease of the heart, in which the apex became almost effaced from dilatation, 123; pleuritis, 156; treatment of acute inflammation, 167; No. 395.

rheumatism of the chest, 159; apparent tumour of the abdomen, 240; effects arising from excessive loss of blood; employment of transfusion, 241; disease in children often mistaken for acute hydrocephalus, 246; delirium tremens, 246; malformation of the pulmonary artery, accompanied by morbus cœræus, 247; rheumatism, with the pains chiefly in the hands and shins, 272; feigned convulsive disease, 273; feigned diseases in general, 295; inflammation of the eyes; fever; deafness and dumbness; blindness; amaurosis; palpitations; jaundice; convulsive and spasmodic affections; possessed by a devil; pregnancy; paralysis; 295 to 299; propriety of a caution necessary to be observed in cases of suspected malingering, 300; constant spasmodic contraction of the left hand and foot, 330; itch, 331; continued fever, 331; hemiplegia and paraplegia, 332; palsy of the wrists from lead, 338, 719; rheumatism requiring stimulating treatment, 333; rheumatism requiring antiphlogistic treatment, 334; inflamed glands, 358; dropsy, 358; hypertrophy of the left ventricle, and ossification of the heart, 362; colic arising from lead, 390; scarlet fever, 392; cutaneous diseases, 393; cold water and abstinence in fever, 394; vomiting from morbid irritability, 423; medicinal qualities of hydrocyanic acid, 423; chronic gastritis, 424; remarks on the practice of Broussais and Dr. James Curry in cases of abdominal inflammation, 426; supposed weakness of stomach, 427; pericarditis and disease of the heart, 427; disease of the heart presenting excrescences from the valves of extraordinary length, 487; disease of the heart, with universal dropsy and bellows-sound at the apex, 488; impetigo and eczema, and diseases of the skin generally, 489; amenorrhœa and anæmia, 491; gout in a pauper, 492; diarrhœa, 492; violent lumbago, 492; epilepsy preceded by the epileptic aura, 493; spasm of the hand and foot, 493; pustular itch, 494; palpitation of the heart, 494; cerebral disease, 495; impetigo, 551, 650; lepra, 551; epilepsy attended by hypochondriasis, 551, 845; effects arising from the practice of masturbation, 552; epilepsy from violent muscular efforts, 552; remittent fever treated with salsine, 554; simple epilepsy, 555; use of croton oil as an aperient, 555; intermittent palsy, 556; disease arising from malaria, 557; dropsy, with disease of the heart and lungs from drinking, 557; chronic bronchitis miscalled asthma, 558, 650; ova-

- rian dropsy, 558; diseased ovary and dropsy of the peritoneum; illustration of the gross ignorance of a notorious quack, 560; visceral enlargement, 561; papular eruption, with vermin in the head, 561; cure of lice in the equatorial region, 562; dyspepsia attended by palpitation of the heart; various remedies in erysipelas, 562; mercurial rheumatism, 563; spasmodic cough, 563; chorea, 563, 595; psoriasis and lepra, 564; bronchitis; trial of salicine, 590, 650; epilepsy, with the epileptic aura, 591; inflammatory dropsy, 591, 769; scarification employed in enlargement of the tonsils, 591; paralysis of the face and tongue, 592; ichthyosis, 592; baldness of the head, 595; sea-scurvy, 596, 650; lepra vulgaris, 596; mercurial disease, 649; difficulty of curing chronic bronchitis; cases of unsuspected pregnancy, 656; pericarditis, 682; St. Vitus's dance, 685; hæmatemesis, 689; glands, 689; extensive cancer of the womb, with remarks on cancer generally, 714; malignant ulcer of the womb, 719; prolapsus of the vagina, 720; hysteria from propensity to irritation, 769; fatal cases of hysteria, 770; catalepsy, 771; remarks on the supposed occurrence of disease from suppressed discharges, 772; disease of the heart cured, 773; aneurism of the heart in a female, 774; disease of the heart, lungs, and liver, 809; gastritis, 814; leucorrhœa, 814; acute rheumatism, 815; disease of the heart, in which the bellows-sound was heard after the pulse, 840; diseased bladder, 841; ulcer of the pharynx, 841; fever from cold, 842; peritonitis, 842; syphilitic lichen and lepra, 842; inflammatory headach following a blow, 843; ulcers on the legs, 843; estimate of the value of sarsaparilla, 843; the liquor potassæ in ulcers, 844; inflammatory epilepsy, 845.—Remarks by, on the impositions practised by patients, 253; on the want of proper regulations respecting post-mortem examinations at St. Thomas's Hospital, 272; on the present defective state of medical law, 300; on the French and English systems of hospital diet, 334.
- Elmore, Mr. J. R., on the avaricious and corrupt conduct of the Council of the College of Surgeons, 60.
- Emetics, metallic, influence of over medico-legal analysis, 801; cupreous, 809.
- Enactments, medical, not founded on the general wants of the profession, 311; foolishness of the, 568.
- Encyclopædia of medicine, projection of, 127.
- Enlargement, visceral, use of mercury in, 561.
- Entomologist, anecdote of a celebrated, 562.
- Epilepsy, cases of, 297, 493, 844; frequency of simulation of, 298; clinical remarks on, 551, 555; attended by hypochondriasis, 552.
- Ergot of rye in hæmorrhages, 635.
- Eruption, syphilitic, case of, 842.
- Erysipelas, fatal case of, 92; discussion on the treatment of, 111; liability of serous tissues to attacks of, 150; clinical lecture on, 164; puerperal fever said to be, 177; after arteriotomy, case of, 189; gangrenous, case of, 268; phlegmonous, marked case of, 198, 286; treatment of, by incision, 199; simple, use of blisters in, 200, 236; phlegmonous, treatment of, 462; application of cold in, 563; interesting case of, 563; of the scrotum and penis, 767.
- Etiquette, singular breach of, 512.
- Eye, instruments for dividing the cornea of, 65; Lawrence on the venereal diseases of the, 148; Mackenzie on diseases of the, 324; singular malformation of the, 327; on diseases of, 430; wound of, 505; experiments on, 677; changes in the coats of, 710.
- Eyebrow, gun-shot wound of the, 259.
- Eyelid, upper, treatment of falling of the, 460; syphilitic ulcer of the, 736.
- Eyelids, syphilitic ulceration of the, 150.
- Eyes, singular deformity of, 68.
- Evans, Dr. M., on an improvement in spectacles, 346.
- Evans, Mr., on scirrhus uteri, 617.
- Evidence, chemical, fallible nature of, 546; of medical witnesses, remarks on, 665, 721; the Thomsonian code of, 720.
- Evolution, spontaneous, case of, 308; remarks on, 400, 444.
- Examination, post-mortem, breach of etiquette respecting an, 512; at St. Thomas's, regulations respecting, 272; medical, silly figures of attorneys in, 632.
- Exarticulation at the shoulder-joint, 350.
- Exostosis of the nasal bones, 62.
- Extirpation of the right superior maxillary bone, 320.

F

- Fairman, Colonel B., on the mode of conducting inquests in jails, 144.
- Farcy, nature of the, 515.
- Fees in midwifery cases, 463; American medical, list of, 506; remarks on, 531; at Newcastle, list of, 536; scales of, 781.
- Femur, un-united fracture of the, 216; fracture of the neck of, 348.
- Fever, reappearance of at Gibraltar, 31; puerperal, new theory of, 177; discussion on, 218, 305; continued, case of, and clinical remarks on, 331; on the pathology of, 408; alterations of heat

In, 499; remittent, case of, 554; on the nature, symptoms, and treatment of, 581; review of Southwood Smith on, 584, 641; different doctrines of, 585; "entity" of, 585; and inflammation, distinction of, 587; bleeding in, 643, 644, 707; thoracic, tartar-emetie treatment of, 644; scarlet, treatment of, 644; simple, cases of, 706; epidemic, of London, 707; case of, 842.
Filaria Medinensis, correspondence on the, 714.
Filtration, new mode of, 610.
Filtering, new mode of, in chemical analysis, 323.
Finger, fracture of the, 124.
Fletcher, Mr. J. B. E., on *bruit de soufflet* in popliteal aneurism, 141.
Fyner albat, review of Jewel on, 116.
Fusus in utero, detection of by stethoscope, 235, 426, 497; extraordinary size of one, 410; extraction of, after symphysectomy, 505; passage of a through the anus, 702.
Follicles, cutaneous, enlargement of, 711.
Food, rules respecting quantity of, 325; caution enjoined in the chemical examination of, 387; adulteration of, 485, 500.
Foot, dislocation of the, 289.
Forster, Mr. R. D., cases of gonorrhoea by, 174.
Fusheake, Dr., on deafness, 533, 645, 828, 746, 777, 827.
Fothergill medal for the best dissertation on asthma, 767.
Fracture, un-united, of the thigh-bone, case of, and operation for, 216.
Fractures, use of ice in to allay irritation, 239.
Frambesia, diagnostic character of, 707.
French-English, specimens of, 320.
Fungus, medullary, in the anterior mediastinum, 222; hamatodes, clinical remarks on, 413; unique case of, 413.
Fyfe's Anatomy, notice of a new edition, 186; Elements of Chemistry, review of, 264.
G
Gangrene of the lung, case of, 154.
Garden, Mr. A., letter from, 758.
"Gardiner's peage" case, remarks on the, 664.
Gastritis, chronic, case of, 424; case of, 614.
Gangrene, hospital, rarity of, 127.
General practitioners, Society of, 63, 70; suggestions to the, 173; letter from Mr. Scott respecting the, 178.
George the Fourth, death of, 670.
Gibraltar, reappearance of the yellow fever at, 31.
Gib, adulterations of, 485.
Gisborne, Mr., letter from, 412.
Gland, extirpation of a, 567, 537, 571.
Glanders, Dr. Elliottson on communicability of to the human subject, 231, 519, 689; and farcy, nature of the, 515; treatment of, 517.
Glossitis, idiopathic, cases of, 738.
Gold, mechanical division of, 484.
Gonorrhoea, treatment of by the nitrate of silver, 116; secondary symptoms arising from, 117; treatment of by lithia and bi-carbonate of soda, 174.
Good, Dr., on cerebral disease, 86.
"Goose-egg," alleged case of, 439.
Government, medical, want of a radical change in, 309; remarks on, 441; in Ireland, 569, 746, 748.
Gout treated by "inhaling" and "rubbing," 211; infrequency of among the poor, 492; hereditary adhesiveness of the, 492.
Gower, Mr. S., reminiscences of, 37.
Graham, Dr., sketch of by Scotus, 327.
Grain-shot in the eye, 665.
Greenhow, Mr. T. M., on medical fees, 636; on medical associations, 870, 881.
Gusco, notice of the, 845.
Guaiacum, tincture of, variety in the dose of, 323.
Guliver-worm, cases of, 313.
Gunpowder manufacturers, caution to, 640.
Gun-shot wound of the eyebrow, 259.
Guthrie, Mr., complaints against, 530.
Guy's Hospital, lectures and fees at, 11; abuses at, 347; Mr. Key's neglect at, 708.
H
Hæmorrhage, uterine, tourniquet for suppressing, 111; intestinal, discussion on, 306; from ulceration of the posterior tibial artery, 319; repeated occurrence of after amputation, 348; ergot of rye in, 555.
Hæmatemesia, 689.
Hags, infamous regulation of the old, 692.
Hake, Mr. T. G., on the motions of the iris, 610.
Halford, Sir H., the cause of his thriving, 179.
Hall, Dr. M., on convulsions in infants, 179.
Halliday, Sir Andrew, evidence of, at the inquest at Hampton, 78, 118, 140; questions to, 168.
"Haloid" salts, application of the term, 888.
Hampton, extraordinary inquest at, 74, 88, 110, 118, 119, 140, 224, 319.
Hancock, Dr. J., letter from, 184.
Hand and foot, spasm of the, 492.
"Handey v. Henson," proposal to subscribe the costs in, 62.
H

- Hare, Dr. L.**, on the inquest at Hampton, 319.
- Harrogate waters**, review of Dr. Hunter on, 183.
- Hart, Mr.**, on the non-synchronism of the heart and pulse, 91; on the discovery of the expansion of the horse's foot, 185.
- Headach**, inflammatory, 843.
- Headington, Mr.**, correspondence relating to, 30; letter respecting, 95.
- Heart**, on the action of the, 86, 602; disease of the valves of the right side of, 66; Dr. Elliotson on diseases of, 84; case of disease of, exhibiting extraordinary excrescences, 123; diseases of the, 427, 458, 488, 809; ill effects of mental excitement in, 490; and pulse, non-synchronism of, 91; letter from Mr. Drew on the motions of, 224; observations on the action of the, 412; palpitation of the, from nervous irritation, 424; criteria in diseases of, 494; injection of air into the pleura for an affection of, 545; remarkable malformation of, 576; cases of polypus of, 580; auscultation in diseases of, 580, 840; and lungs, disease of from drinking, 557; foetal, pulsation of, in utero, 686; connexion of rheumatism with disease of, 685; inflammatory origin of diseases of, 773.
- Heat**, alterations of, in fever, 409.
- Hemiplegia**, case of, 333; treatment of, clinical remarks on, 332; intermittent, interesting case of, 550.
- Hepatitis**, case of, terminating in suppuration, 165; chronica, case of, 830.
- Hernia**, cure of by the taxis, 458; crural, operation for, 507, 537, 571; strangulated ventral, case of, 540; cerebri, accompanying fracture of the skull, 571; observations on by Mr. Lizars, 619; strangulated inguinal, case of, 829.
- Herachel, Mr.**, list of his supporters at the Royal Society, 402.
- Heurteloup, Baron**, on the operation of lithotomy, 657; five cases of stone by, 657.
- Heytesbury, Lord**, communication from, on the Russian cholera, 177.
- Hoare, Mr. J.**, on attendance on paupers, 639.
- Hooping-cough**, pathology of, 218, 634.
- Horse's foot**, discovery of the expansion of, 136; structure of the ankle-joint in the, 678; cesophagotomy in the, 738.
- Hospitals of London**, list of, 7; lecturers at, duties of, 22; practice of, effect of medical coroners on, 47; want of one at the London University, 80; gangrene, comparative rarity of, 127; surgeons, remarks on the mode of electing, 207; preferment, the ladder of, 567; apprentices, genera of, 567; lecturers and College examiners, connexion between, 597; proposed alteration in elections to, 509.
- Hotel Dieu**, review of Meniere's history of, during the "three days," 267, 312.
- Hydatids in the brain of sheep**, 703.
- Hydrocephalus**, effect of tapping in, 265, 648; operation of puncture for, 616.
- Hydrocyanic acid**, administration of, in cases of vomiting, 423; regulation of doses of, 424; chemical properties of, 805.
- Hydrogen gas**, sulphuretted, transmission of through suspected fluids, 324; method of preparing, 324.
- Hydrophobia**, supposed case of, 220; propagation of hydrophobia by, 220; fatal cases of, 263; new method of treating, 533; guaco as a preventive of, 545; cure of, by asphyxia, 734.
- Hypertrophy**, eccentric, of the heart, case of, 124; general, from suppressed menstruation, 543; of the heart, remarks on, 814.
- Hypochondriasis**, remarks on, 844.
- Hysteria**, remarkable cases of, 457, 760.
- Humerus**, dislocation of the, 261.
- Hunter on the Harrogate Waters**, review of, 183.
- Hunterian oration for 1831**, 690, 697.
- Huskisson, Mr.**, Dr. Weatherill on the death of, 69, 223; case of, by Mr. Wharton, 120; remarks on the case of, by Dr. Weatherill, 223.

I

- Ice**, application of, in inflammation of the soft parts in fractures, 239.
- Ichthyosis**, case of, 592; clinical remarks on, 598; use of pitch in, 594.
- Ilchester Jail**, corrupt surgical commission at, 61.
- Iliac artery**, external, operation for aneurism of the, 316; common, operation of tying the, 280; internal, operation of tying the, 231.
- Impetigo**, cases of, 489, 649; pustules peculiar to, 551.
- Impostor**, mendicant medical, description of, 318.
- Infants**, on convulsions in, 526, 679.
- Infirmary, Derby**, letter respecting reports from the, 413; report of Dr. Baker's case, 439.
- Inflammation**, new theory of, 152; double, in action at once, 165; acute, Dr. Elliotson's treatment of, 167; and fever, difference between, 567, 641; febrile, case of, 642.
- Inflammations, ophthalmic**, cases of, and clinical remarks on, 238; necessity of vigorous measures in, 238; modifications of, 325.

Inhalation in phthisis, 690.
 Inoculation, propagation of hydrophobia by, 220; practice of, 640.
 Inquest at the Westminster Hospital, 73; extraordinary, at Hampton, 74, 83, 116, 118, 119, 140, 224, 319; on Mr. Kinnear, remarks on, 182; on the body of Mrs. Lloyd, 265; at the London Hospital, 404; on Martin Masters, report of, 437.
 Inquests at Portsea, remarks on some, 73, 173.
 Insanity, asphyxia in persons afflicted with, 509.
 Insensibility, remarkable case of, 350.
 Institution, Royal, meeting at the, 670.
 Institutions, medical, defections of, 761.
 Instrument for extracting cataract, 65.
 Instruction, medical, at Paris, regulations of, 221.
 Intestine, intus-usception of the, 392.
 Intestines, hæmorrhage from the, 300.
 Intus-usception, propriety of operating in, 392.
 Iodine, inhalation of, in consumption, 450; in enlarged tonsils, 510; use of, in ovarian dropsy, 559; and mercury in visceral enlargement, 561; chemical properties of, 612; changes produced on, in the alimentary canal, 612.
 Ipecacuanha, employment of, in dysentery, combined with gentian, 262.
 Iris, detachment of the, 446; on the motions of the, 510; red fungous growth from, 710.
 Iritis, syphilitic, Mr. Lawrence on, 149; — and idiopathic, distinction between 326; scrofulous, observations on, 326; syphilitic, case of, 415.
 Iron, carbonate of, observations on its preparation, 457; benefit of, in St. Vitus's dance, 563; administration of, in diseases of the heart, 774; in malt liquors, detection of, 834; tests for, 834.
 Irritation, propensity to, as a cause of hysteria, 769.
 Itch, pustular form of, 331; true, rare appearance of, on the face, 494.

J

Jackson, Mr. J. V., on water dressings, 40.
 Jails, mode of conducting inquests in, 144.
 James, Mr., letter from, 285.
 Jaundice, feigning of, 296.
 Jeffreys, Dr., on bleeding, 755.
 Jemmett, Mr. J., remarks on the appointment of, 142, 186.
 Jewel, Mr., evidence of, at the inquest at Hampton, 77, 83, 116, 119, 140; letter from, relative to the Hampton inquest, 116, 118; on leucorrhœa, review of, 116; letter from, 684.

Johnson, Dr. James, letter from, 282;
 Johnson, Mr. R., on the detection of lead, 672.
 Jones, Colonel, speech of, at the dinner to Mr. Wakley, 48.
 Jones, Mr. T. R.'s, defence of the treatment of Ellen Cope, 108; letter from, 439.
 Jurisprudence, medical, Dr. J. G. Smith on, 97; papers on, 132, 193, 321, 385, 418, 481, 545, 609, 801, 834; importance of, 248; on the fudgery of, 661; Dr. Thomson's lecture on, 663, 721; Dr. Thomson's lecture on, 691.

K

Kennedy, Dr., reply of, to Dr. Nagle, 495.
 King, Mr. T., correspondence relating to, 32; speech of, at the dinner to Mr. Wakley, 42; note from, relative to Mr. H. Earle, 187; mark of respect for, from his pupils, 815; letters from, on the naval surgeons' question, 728, 764; on the ligature of the innominate and subclavian, 728.
 Kinnear, Mr., inquest on, 191; remarks on the, 182.
 Kirkman, Mr. J., on the Lunatic Act, 605.
 Knee-joint, amputation at, 68, 126; dislocation of the semilunar cartilages of the, 784.
 Knowles, Mr. E. L., on a case of typhus, 573.

L

Lactation, spontaneous, at an advanced age, 462.
 Lactucarium, manner of obtaining, 261; benefits obtained from the use of, 261.
 Lambert, Mr. J., biographical sketch of, 599; post-mortem examination of the body of, 600.
 LANCET, address to the readers of the, 1; the effects of, in the profession, 43; Mr. Wakley's history of, 44; remarks on the strictures of, 70.
 Lancing in inflammation of the tonsils, 592.
 Larrey, M., his exertions in Paris in August, 83.
 Larynx, œdema of, 269.
 Laudannum and arsenic, case of poisoning by, 463.
 Law, ignorance of, in legal coroners, 466, 486; relating to medical testimony, 632.
 Laws of the medical profession, remarks on the, 277, 423, 467.
 Lawrence, Mr., on the Venereal Diseases of the Eye, review of, 147; clinical lectures by, on cases of *nevus maternus*,

- 161; fracture of the leg, with remarks on the occurrence of plethora from the suppression of local discharge, 163; simple and phlegmonous erysipelas, 164, 198, 200, 236; acute hepatitis terminating in suppuration, 105; cancer of the lip, 197; scirrhus breast, 198; bronchitis, 198; anasarca, 237; inflammations of various tissues of the eye, 238; fractured patella, 239; compound fracture of the leg, 239; syphilitic affection, 240; fungus hæmatodes, 413; dislocation of the radius and ulna of long standing, 445.
- Lead, and its preparations, 385; process for detecting, in mixed fluids, 385; sulphuret of, detection of, 387; on the detection of, 671; tartrate of, 677; palsy of the wrists from, 719.
- Lectures on surgery, "recognition" of summer courses of, 224.
- Leg, amputation of, at the knee-joint, 68; fracture of the, clinical remarks on, 239; fracture of the, case of, 431; compound fracture of the, 638.
- Legs, fractures of the, 743; ulcers on the, 843.
- Lemon-juice, efficacy of, in scurvy, 653.
- Lens, regeneration of the, 613.
- Lepra, vulgaris, cases of, 42, 551, 564, 576, 596, 842.
- Leprosy, case of, 661.
- Leucorrhœa, review of Jewel on, 116; case of, 814.
- Lice causing a papular eruption, 561.
- Lichen, senilis, case of, 541; syphilitic, 842.
- Ligature, of a tumour of the tongue, 69; use of, in epilepsy with aura epileptica, 221; of the subclavian and innominata, on a new method of, 700; of the subclavian and innominata, an essay on, 728.
- Lightning, singular effect of, 255; recovery from the effects of, 445.
- Lip, clinical remarks on cancer of the, 197.
- Liquor potassæ, medicinal qualities of, 843.
- Lithotomy, operations of, 65, 349, 472, 660; frequency of operations of, in Egypt, 671.
- Lithotripsy, operations of, 657.
- Litmus paper, substitute for, 133.
- Liver, disease of the, 809.
- Lizars, Mr. J., on hernia, 619.
- Lloyd, Mrs., melancholy death of, under Long's "rubbing" system, 253; report of the inquest on, 265.
- London Hospital, lectures and fees at, 13; letter from pupils at, 95; report of an inquest at, 437.
- London College of Medicine, report of first meeting to establish the, 798; establishment of the, 824, 846; plan of the, 865.
- London Medical Society, report of debates at, 111, 150, 177, 218, 341, 344, 345, 634.
- London University, grant of a charter to, 727; troubles in, 749, 815.
- Long, John, indictment of, for the slaughter of Miss Cashin, 23; trial of, 200; "well-educated" dupes of, 211, 276; remarks on the Old Bailey proceedings against, 210, 249; strictures on the sentence passed on, 252; letter on the prosecutor's costs in the trial of, 252; second verdict of manslaughter against, 253, 265, 286; remarks on, 311; vote of thanks to the Editor for his exertions against, 608; challenge of the editor to, 725; remarks on second trial of, 725.
- Loss of blood, effects of, 482.
- Lumbago, violent case of, 492; value of active measures in, 492.
- Lunacy, predominant causes of, 220.
- Lung, Mr. Howel's case of gangrene of, 154.
- Lungs, disease of the, from drinking, 557; lungs, disease of the, 810.
- Lynn, Mr., rejection of by the College Council, 72.
- Lytta and bicarbonate of soda, efficacy of, in gonorrhœa, 174.

M

- Machinery, self-perpetuating, in the College, remarks on, 310.
- Mackenzie on Diseases of the Eye, review of, 324.
- Macmichael, Dr., Mr. Willcock's obligations to, 181.
- Magistrates' law, 795.
- Magnesia as an antidote for oxalic acid, 195; sulphate of, an antidote to baryta, 803.
- Malaria, deadly effects of, 556.
- Malformation of the stomach, case of, 239; pulmonary artery and aorta, 247; of the eye, 327; novel of the ear, 416; of the heart, 578.
- Malingering, Dr. Elliotson's remarks on, 295.
- Man, on glanders in, 689.
- Manslaughter and murder, distinction between, 405.
- Marasmus, infantile, on the pathology and treatment of, 341.
- Marsden, Mr. W., on a case of hydrocephalus, 648.
- Masturbation, epilepsy as an effect of, 552.
- Maxillary bone, right superior extirpation of the, 319.
- Meconic acid, chemical relations of, 33.

Medal, gold, Sir G. Blane's, 573.
Mediastinum, anterior, case of medullary fungus in, 222.
Medical appointments at Court, jobbing in, 50; profession, state of, 22, 66; on education for the, 57; reform, the only remedy for the distresses of the profession, 173.
Medication, endermic, paper on, 520.
Medicine, on the connexion between, and divinity, 470; in America, state of, 506; state of, in Turkey, 522; juridical, importance of accuracy in, 545; Birmingham, school of, prizes at, 543; forensic, on the fudgery of, 663; Dr. Thomson's lecture on, 663, 721; establishment of a new College of, 846, 865; quack, remarks on, 769.
"Medicine no Mystery," remarks on, 871.
Medico-Chirurgical Transactions, review of, Part I, 215, 230.
Melhuish, Dr. T. G. L., on a case of aneurism of the ascending aorta, 22.
Membrane, mucous, of the rectum, observations on, 201.
Meningitis, idiopathic, rare occurrence of, in children, 345.
Mentire's, History of the Hotel Dieu during and after the "three days," 257.
Menstruation, general hypertrophy from suppression of, 542.
Mercury, effects of, in gonorrhoeal ophthalmia, 148; singular result from the use of, 187; chemical treatment of poisoning by, 421; and its preparations, 417; important point regarding, in medico-legal analysis, 421; beneficial effect of, after wounds in dissection, 455; and iodine, benefit of, in visceral enlargement, 501; crude, extraordinary effects of, 707.
Metastasis following simple erysipelas, 256.
McGrigor, Sir J., complaints of his official conduct, 58; remarks on the conduct of, 142; remarks on the army medical promotions of, 186.
Midwifery, on the use of the stethoscope in, 213, 295; Dr. Graville on the political condition of, in the metropolis, 301; cases, attendance on, 468.
Middlesex Hospital, fees at, 13.
Monstrosity, singular case of, 68; M. Geoffrey, St. Hilaire's case of, 168.
Monstrosities, observations on, 456.
Morbi simulati, clinical remarks on, 293; conduct to be adopted in detection of, 299.
Morgan, Mrs., irregularity of, 347.
Morphia, endermic use of, 621; tests for, 802.
Morphine, as a test for nitric acid, 609; on the detection of, 609.
Morris, Mr. O., on calculus in the bladder, 660.
Morrison, Dr. on his "Medicine no Mystery," 271.
Morton, Mr. J. H., defence of Mr. Bowen by, 166; remarks on the defence, 182.
Moss, Mr. William, letter from, 538.
Moxæ, employment of, in neuralgia, 461.
Mucæ-enteritis, remarks on, 345.
Mummies, on the preservation of, 411.
Mummy, examination of a, 410.
Muratic acid, remarks on, and tests for, 184.
Murray, Mr. J. T., on an inquest at Yarnmouth, 143.
Muscles, permanent involuntary contraction of the, 459.

N

Nævus maternus, Mr. Lawrence on, 161.
Nagle, Dr. D. C., on the detection of twins by the stethoscope, 233, 295; on obstetric auscultation, 621.
Nasal bones, exostosis of, 69.
National guard, French, election of surgeons to the, 52.
Naval medical officers, summary of, 172.
Naval surgeons, exclusion of, from his Majesty's levees, 602, 661, 699, 694, 727, 762, 785, 798; letters from Mr. King respecting the, 727, 764; remarks on the insult to, 761; discussion in Parliament, 762; inability of, to move in their own behalf, 767; rescinding of the order for the exclusion of, 882; result of the deputation respecting the, 867; letter on the, 868.
Neck, case of tumour in the, 347; fibro-cellular tumour of the, 416.
Neri, Dr. D. C., letter from, 345.
Nerve, pneumogastric, neuralgia from pressure of, 763; auditory, morbid irritability of, 778.
Nerves, review of Swan's Demonstration of, 164; of the cornea, discovery of the, 469; optic, chemical composition of the, 670.
Neuralgia, treatment of, by moxa, 461; from pressure of the pneumogastric nerve, 703.
Neville, Mr. W. H., on fractures of the lower extremity, 743.
New College of Medicine, proposed establishment of a, 797.
Nightmare, observations on, 675.
Nitrate of silver, employment of, in gonorrhoea, 117; the cure of corns with, 144; employment of, in ulcers of the cornea, 292, 490; ammoniacal, as a test for arsenious acid, 547; in erysipelous inflammation, 563; as a reagent for hydrocyanic acid, 805.
Nitric acid, description of tests for recog-

nising, 609; formation of, by decomposing animal matter, 612.
 Nose, reunion of separated parts of the, 340; cancer of the, 348.
 Noses, new, operation for, 711.
 "Notes or gold?" a College question, 317.
 Nottingham, curious proceedings at, 726.
 Nuttall, Dr., a subscription for the widow and orphans of, 335, 401, 538, 804.
 Nux-vomica, on the detection of, 804.

O

Obstetric Society, proceedings of the, 301.
 Oedema of the larynx, case of, 269.
 Oenometer, invention of a new, 677.
 Oesophagus, operation on the, in the horse, 738.
 Omentum, scirrhous enlargement of the, 459.
 Operations, unjustifiable in work-houses, 59; for removal of an exostosis of the nasal bones, 62; for stone, 65; amputation at the knee-joint, 68; division of the cornea in extracting cataracts, 66; excision of the elbow-joint, 89; for staphylophthé, 95; amputation of the finger, 124; amputation of the leg, 124; amputation of the thigh, 126; torsion of arteries, 126; amputation of the leg at the knee-joint, 126; for aneurism of the external iliac, 215; for removal of a medullary-sarcomatous tumour, 215; amputation of the thigh, 221; of tying the common iliac, 230; of tying the internal iliac for aneurism of the ischiatic, 231; recto-vesical operation for stone, 262; tracheotomy, 269; removal of the superior maxillary, 275; extirpation of the astragalus, 283; tying the aorta, 285; for cataract, 319; extirpation of the superior maxillary bone, 319; extirpation of cancer, 348; lithotomy, 349; exarticulation at the shoulder-joint, 350; amputation of the leg, 431; amputation of the arm, 432; operation for ptosis, 460; lithotomy, 472; for crural hernia, 507; ligature of the brachial artery, 508; for ventral hernia, 540; symphyseotomy, 506; tapping in hydrocephalus, 648; lithotomy, 657; lithotomy, 660; extirpation of an osseous tumour from the orbit, 671; for strangulated inguinal hernia, 820.
 Ophthalmia, gonorrhoeal, case of, 94; different forms of, 148; on the production of, by metastasis, 326; rheumatic, practice of bleeding in, 326; observations on, 324.
 Opium, certain test for, 83; employment of, in hydrophobia, 263; endermic ap-

plication of, 331; non-constipating power of, 719; chemical properties of, 803; detection of, in mixed fluids and colours, 804; antidote to, 839.
 Orbit, tumour in the, 671.
 Ord, Mr. W., his defence of himself, 79.
 Organs of respiration, cases of disease of the, 229.
 Os pubis, fracture of the, 348, 542; sacrum, fracture of the, 542.
 O'Shaughnessy, Dr., on the toxicological relations of sulphocyanic acid, 33; letter from, 255; remarks on his test for nitric acid, 609; on copper in organic matters, 806.
 Ossification of the heart, 458.
 Osteo-sarcoma, interesting case of and operation for, 320; cases of, 753.
 Otorrhoea in children, 535.
 Outrage at the College, remarks on the, 799.
 Ovary, disease of the, 579; ulceration of the, 715.
 Oxalic acid, remarks on, and tests for, 196.

P

Palate, divided, operation for, 95.
 Palpitation, from nervous irritation, 494; and dyspepsia, case of, 562; prussic acid in, 562.
 Palsy of the wrists, case of, 333; intermittent, curious case of, 556.
 Paralysis agitans, Dr. Elliotson on, 119; use of iron in, 563; case of, 592; not necessarily an organic affection, 557.
 Paraplegia, case of, 332; observations on the use of strychnine in, 332.
 Paris, medical reform at, 51; the wounded at, 83; summary of, 312; superiority of medical instruction at, 221.
 Parish-paupers, medical attendance on, 782.
 Parkinson, Mr., his treatise on Paralysis Agitans, 120.
 Parliament, want of medical members in, 763.
 Patella, case of fracture of the, 239.
 Patients, impositions practised by, 253; number of, at the Hotel Dieu, during the "three days," 256; dismissal of, at Bartholomew's, 406.
 Pattison, Professor, letter from, 29; letter on, 286; and his pupils, 749.
 Paupers, professional attendance on, 639, 783.
 Pelvis, extensive fracture of the, 256.
 Penis, discovery of new muscles of the, 293; erysipelas of the, 767.
 Per-centage system, strictures on the, 532, 604, 672.
 Pericarditis, case of, 427; clinical remarks on, 682, 811.
 Peritoneum, inflammation of the, 305.

Peritonitis, new theory of, 177; cases of, 283, 342; cured by extensive hæmorrhage, 472.

Pharynx, polypous tumour of, 63; ulcer of the, 541.

Phenomenon, singular, 767.

Philosophy of Sleep, review of the, 678.

Phlegmasia dolens, case of, 216; remarks on, 328.

Phlegmonoides, erysipelatous, free incisions in, 591.

Phrenological Society, proceedings of the, 305.

Phrenology, fact confirmatory of, 846.

Phthisis, inhalation of medicines in, 450, 690; cases of, 451.

Physicians, refusals of to consult, 30; practical rights of, 413; illiberality of the College of, 669.

Physiology of the blood, 714.

Pitch, use of, in ichthyosis, 694.

Placenta, Mr. Dobson on the physiology of the, 103.

Plagiarism, charges of, 734.

Plethora, from the suppression of local discharges, 168.

Pleura, injection of air into the, 543.

Pleurisy, Dr. Elliotson's clinical lecture on, 155.

Pleuritis, case of, 125.

Pneumonia, case of, combined with anasarca, 283.

Poisoning by arsenic and laudanum, 463; on the chemical treatment of, 835; by iodine, 836; by chlorine, 836; by oxalic acid, 836; by fixed alkalies, 836; by sulphurets, 836.

Poisons and other substances, unimpeachable processes for detecting, in cases of medico-legal investigation. *Introduction of the subject*—Acids, modes of detecting, 132; common properties of acids, 133; substitution of litmus paper in investigating, 133; detection of sulphuric acid in its pure and diluted forms, 133; adulteration of nitric with sulphuric acid, 133; mode of examining the contents of a stomach, 134. *Muriatic and Oxalic Acids*—Dr. Christison's tests for the muriatic or hydrochloric acid, with remarks, 193; his test for oxalic acid, 194; antidote to oxalic acid, 836; application of a beautiful property of oxalic to the test of caustic ammonia, 196. *Antimony and its preparations*—Preparation of the chloride or butter of antimony, 321; chemical features of antimony, 321; M. Orfila's and Dr. Turner's processes for detecting antimony, with objections, and an improved process, 321; transmission of sulphuretted hydrogen gas through suspected fluids, 324. *Lead and its preparations*—Dr. Christison's process for detecting lead in mixed

fluids, 385; strictures on Orfila's process, 385; directions for the reduction process with the sulphuret of lead, 387. *Mercury and its preparations*—Dr. Christison's directions for the detection of corrosive sublimate, with remarks, 417; antidote to corrosive sublimate, 838; remarks on Orfila's and Devergie's methods, 419; method by which any mercurial may be detected, 420; chemical treatment of poisoning by mercury, 421; caution relating to the alleged administration of calomel, 421. *Arsenical Poisons*—Chemistry of arsenic and its preparation, 481; mode of proceeding for their detection, 483; poisoning by arsenious acid, 483; simple and cheap mode of manufacturing glass tubes, 484; Dr. Christison's process for detecting arsenious acid, with comments on various other processes, 545; simple methods for inexperienced analysts, 548, 549; strictures on Dr. A. T. Thomson's mode of examining liquids suspected to contain arsenic, 548; objections to Dr. Paris's method, 549; poisoning by Scheele's green orpiment, 550; detection of arsenic in table salt, 550. *Nitric Acid and Nitrate of Potash*—Dr. Christison's description of nitric acid in its pure or diluted state, and the tests for its detection, 609; Dr. O'Shaughnessy's improvements on Dr. Christison's processes, 609; chemical properties of the nitrate of potash, 610; new mode of filtering fluid mixture, 610; correction of Dr. O'Shaughnessy's processes for detecting the nitrate of potash, 611; his analysis of a suspected stain, 611. *Iodine and the Hydriodate of Potash*—Chemical properties of iodine, 612; poisoning by iodine, 612, 836; importance of attempting to detect poisoning by iodine at an early period after its administration, 613; Dr. O'Shaughnessy's process in poisoning by hydriodate of potash, 613. *Copper*—its existence in various organic substances and in food, 801. *Zinc*—Its chemical relations, 801; poisoning by zinc, and Dr. Christison's process for its detection, 802; influence of metallic emetics over medico-legal analysis, 801. *Baryta and its Compounds*—Their chemical relations and tests, 802. *Opium and Morphine*—Their chemical properties, 803; Dr. Christison's tests for meconic acid, 803; his tests for morphia, 803; his process for detecting opium in mixed fluids and colours, 804; antidotes to opium, 839. *Nux Vomica and Strychnine*—Tests for their detection, antidotes to them, 839. *Hydrocyanic Acid*—Dr. Christison's processes for its detection, and comments on the

- processes of other chemists, 805; spontaneous generation of this acid, 806; antidote to it, 839. *Bismuth*—Its chemical history, 833; process for detecting bismuth and its combinations, 833; remarks on charring and incineration, 833. *Iron*—Mode of detecting iron in malt liquors, 834. *On the Chemical Treatment of cases of Poisoning*, 835; poisoning by the mineral acids, 835; by phosphorus, 836; by iodine, 836; by chlorine, 836; by oxalic acid, 836; by the fixed alkalies, 836; by the sulphurets of the alkalies, 836; by tartar emetic, 838; by opium, 839; by the alkaloid of nuxvomica and the other vegetable alkaloids, 839; the metallic sulphurets not generally poisonous, 837; antidotes to metallic preparations, 838; metallic poisons having peculiar antidotes, 838; employment of the stomach pump, 839; increasing frequency of the crime of poisoning, 839; conclusion, 840.
- Police-office proceedings at Bow Street, 794.
- Police-officers, employment of, by the Council, against the members of the College, 795.
- Politics, medical, revolutions in, 309.
- Polypus, proper, of the heart, 580.
- Porriño, contagious nature of, 595.
- Portea, remarks on some inquests at, 73.
- Possessions, demoniacal, belief in, 299.
- Potass, hydriodate of, adulterations of, 886; nitrate of, chemical properties of, 610; hydriodate of, 612.
- Potassæ-liquor, medicinal qualities of, 843.
- Potter, Mr. W. H., on an antidote to prussic acid, 59.
- Practitioners, general, Metropolitan Society of, 728; medical, association of, 870, 881.
- Pregnancy, on detection of, by the stethoscope, 622; unsuspected, remarks on, 655.
- Preparations, anatomical, metallic mixture for injecting, 327.
- Prescriptions, right of physicians to compound their own, 413.
- Prizes at the Birmingham School of Medicine, 543.
- Probes, introduction of into the tympanum, 823.
- Profession, superfluous divisions of the, 534; on the state of the, 596; representation of the, in Parliament, 763; address to the, on the College assault, 798; public meeting of the, 824; great meeting of the, to establish a College of medicine, 846.
- Projections, valvular, in the rectum, discovery of, 291.
- Prolapsus of the vagina, 720.
- Prosecution, criminal, liability of surgeons to, for assisting at duels, 667.
- Prosecutor's coat, in Long's trial, 286.
- Prussic acid, effects of chlorine in poisoning by, 59; in palpitation and dyspepsia, 562; in aura epileptica, 591; generation of, during the heating of animal matters, 806; poisoning by, 839.
- Psoas, abscess, instructive case of, 228.
- Psoriasis, case of, 564.
- Ptosis, operation for, 460.
- Puerperal fever, debate on, 218.
- Pulmonary artery, malformation of the, 247.
- Pulse and heart, non-synchronism of, 91.
- Purgative, regular, efficacy of croton oil as a, 555; drastic irritation of, in cholera, 443.
- "Pyramid" and "Pere la Chaise," letter on the, 234.
- Q
- Quain, Mr. Jones, reply of, to a charge of plagiarism, 757.
- Quack, impudence of a, 560.
- Quackery, specimen of, 188; power of the College of Physicians to repress, 316; influence of the press in extinguishing, 535; in Holborn, 604; in medicines, 709; in France, 800.
- Quacks, unpunishable practices of, 253; Society of, 469.
- Quadruped child, case of, 188.
- Quinia, sulphate of, endermic administration of, 520.
- R
- Rabies in the dog, case of, 105.
- Radius and ulna, dislocation of the, 445.
- Rectum, paper on diseases of the, 289; vascular tumour of the, 290; ulcer of the, 291; valvular projections in the, 291.
- Rees, Mr. H., on spasmodic dyspnoea, 679.
- Reform, desire of, in the Royal Society, 444; want of, in the Dublin Apothecaries' Company, 701; in medical corporations, 310; medical, at Paris, 465; march of, 502, 598; connexion of, with political reform, 529, 872; full operation of, 824.
- Regeneration of the lens, experiments on, 613.
- "Regulation" system, remarks on the, 597.
- Remedies, secret, French law on the sale of, 800.
- Reminiscences, professional, by Mr. S. Gower, No. II, 37.
- Resin, new mineral, 779.
- Respiration, remarks on diseases of the organs of, 229.

Retina, condition of the, 446; on the chemical constitution of the, 676.
Remission of separated parts, interesting cases of, 346.
Reviews of the Medico-Chirurgical Transactions, vol. xv, Part II, 21; Wilson Philip on those Diseases which precede change of structure, 65; Elliotson on the recent Improvements in the Diagnosis of Diseases of the Heart, 84; Short on the Nature and Effects of the Croton Oil, 86; The Edinburgh Medical and Surgical Journal for October 1830, 88; Jewel on Leucorrhœa, 116; Lawrence on the Venereal Diseases of the Eye, 147; Hunter on the Harrogate Mineral Waters, 183; Swan's Demonstration of the Nerves of the Human Body, 184; Fyfe's Anatomy, new edit., 186; Duncan's Edinburgh Dispensatory, new edit., 214; The Medico-Chirurgical Transactions, vol. xvi, Part I, 215, 220; The Dublin Hospital Reports, vol. v, 256, 259; Miniere's History of the Hotel Dieu in July and August, 257, 313; The Transactions of the Medical and Physical Society of Calcutta, vol. iv, 260; Fyfe's Elements of Chemistry, 264; Mackenzie on the Diseases of the Eye, 324; Mackintosh's Practice of Physic, vol. ii, 343; Turner's Elements of Chemistry, 337; Exnerad Home's Tract on the Formation of Tumours, 421; Scudamore on Inhalation in Pulmonary Consumption, 449; Glasgow Medical Journal, Nos. XI and XII, 452; North of England Medical and Surgical Journal, No. II, 459; Adulteration of Food, 485; Morrison's Medicine no Mystery, 513, 571; Vines on Glanders and Farcy in the Horse, 514; American Journals, July and August, 1830, 519; Edinburgh Medical and Surgical Journal, Jan. 1831, 522, 709; The Dublin Medical Transactions, vol. i, Part I, 577; Eastwood Smith's Treatise on Fever, 584, 641, 390; Tweedie's Clinical Illustrations of Fever, 584, 705; Dance's Memoire sur le Traitement des Fievres Graves, 584, 708; Macnish on the Philosophy of Sleep, 573; Annales de Chimie et de Physiologie, 676; Hume on Combustion, 677; Graves on the Ancho-Joint of the Horse, 678; the Glasgow Medical Journal, Feb. 1831, 737.
Revolution, French, summary of the wounded in the, 312.
Rheumatic and pleuritic pains of the chest, distinction between, 155.
Rheumatism and ague, frequent combination of, 155; of the chest, Dr. Elliotson on, 159; requiring stimulating treatment, 323; treated by antiphlogistics, clinical remarks on, 334; acute, case of,

476, 515; mercurial, case of, 563; connexion of with disease of the heart, 685.
Riadore, Mr. Evans, letter from, 224.
Richards, Mr. J., letters from, 257, 346.
Rochester, report of an inquest at, 627.
Rose, Mr., prosecution of, by the College of Physicians, 189.
Royal Society, resignation of Mr. Gilbert, 375; jobbing at the, 276.
Rousis, proposed prize for a dissertation on the cholera in, 176; account of the cholera in, 350; proposed medical dissertation on, 512.
Ryan, Dr., note addressed to, 72; letter from, 106.
Ryan, Mr., the Apothecaries' Company, versus, 867, 869.

S

Salicetne, trial of, in remittent fever, 554.
Salvation, effect of, after a wound in dissection, 455; from local use of red precipitate, 622.
Sail, common, detection of arsenic in, 650.
Sarcoma, medullary, in the cheek, case of, 215; tuberculated, peculiar feel of, 414.
Sarsaparilla, medicinal qualities of, 843.
Scald, case of, 452.
Scalds and burns, an essay on, 345.
Scarlatina, clinical remarks on, 399; rare recurrence of in same person, 392.
Schectel's green, insolubility of in water, 549; case of poisoning by, 550.
Scleritis of the breast, clinical remarks on, 198; uteri, case of, 616; clinical remarks on, 716.
School, medical, establishment of a, at Abou-Zabel, 312; of Anatomy, Brewer Street, complaints against the, 800.
Schools, medical, list of, 7, 64.
Sclerotics, changes of structure in the, 710.
Scotland, sketches of the medical schools of, No. 28, 327.
Scott, Mr. J., note from, 178.
Scrofula, cause of, 539.
Scrotum, erysipelas of the, 767; formation of a new, 768.
Scurvy, peculiar appearances of, 596; chemical nature of, 663; predisposing causes of, 662.
Sea-scurvy, case of, 596; clinical remarks on a case of, 666.
Scale corutium in various hemorrhages, 635.
Secrets of the profession, remarks on exposing, 71.
Sells, Mr. W., letter from respecting Mr. Bowen, 224.
Sermon, most useful to drunkards, 558.
Serous tissues, liability of to erysipelatous inflammation, 116.

- Seton, Mr. Lawrence's opinion on, in *nævus maternus*, 162.
 "Shavers," operations of the, 402.
 Sheldrake, Mr. T., on professional attendance at duels, 720.
 Short, Dr., on strychnine in amaurosis, 90.
 Shoulder-joint, exarticulation at the, 350.
 Sigmond, Dr. G. G., letter from, 634.
 Silver, chemical property of, 677.
 Sketches of the medical schools of Scotland, No. 28, 327.
 Skin, extent of diseases of the, 393; structure of, in a case of elephantiasis, 447; remarks on diseases of the, 490.
 Skull, compound fracture of the, 571; puncture of the, 66.
 Sleep, on the philosophy of, 673.
 Smith, Dr. Gordon, letter from, 72; introductory lecture on medical jurisprudence by, 97; letter from, 144.
 Smith, Mr. G., on the treatment of enlarged tonsils, 510.
 Smith, Mr. J., letter from, 538.
 Snuff, administration of, in asphyxia, 87.
 Society, Royal, election of a president to the, 338; remarks on, 402, 443; Medico-Chirurgical, quackery of the, 469; Metropolitan, of General Practitioners, 728; pharmaceutical, proposal to establish a, 783.
 Soda, bicarbonate, employment of, in gonorrhœa, 174; phosphate of as an antidote to soluble salts of lead, 387.
 Spasm of the hand and foot, 493.
 Spectacles, construction of, improvement in, 346.
 Spinal column, recovery from extensive lesion of the, 284.
 Spleen, use of the, 552.
 Staddon, Mr. J., letter from, 640.
 Stains, mode of analysing, 134, 194; test for detecting, 611.
 Stammering cured by long-continued use of cathartics, 217.
 Stanley, Mr., on disease of the ankle-joint, 125.
 Staphyloraphe, operation of, 95.
 St. Bartholomew's Hospital, lectures and fees at, 10; letter relating to, 49; cigar smoking in the theatre of, 286; treatment of patients at, 407; abuses at, 412; irregularity regarding the post-mortem examinations at, 415.
 Stethoscope, diagnosis of diseases of the heart by, 84, 580; use of the, for the detection of twins in utero, &c., 232, 395; detection of pregnancy by the, 656.
 St. George's Hospital, lectures and fees at, 12.
 Stocker, Mr. T. A., letter from, 401.
 Stokes, Dr., on the non-synchronism of the heart and pulse, 91.
 Stomach, mode of examining the contents of, 134; malformation of the, 229; inflammation of the, 495.
 Stone, operation for, 65; in the bladder, case of, 262; recto-vesical operation for, 263; operation for, 349; case of, 472; Dr. Heurteloup's cases of, 657; frequency of, in Egypt, 671.
 Stools, effect of the administration of crude mercury upon, 767.
 Strangles, characters of, 515.
 St. Thomas's Hospital, lectures and fees at, 11; regulations at, respecting post-mortem operations, 272; abuses at, 538; extract from Dugdale's *Monasticon* respecting, 575; demonstrators at, 575.
 Students, medical, the editor's advice to, 22; address to the parents of, 57; on the admission of, to hospitals, 114.
 Stumps, morbid condition of, remarks on the, 230.
 St. Vitus's dance cured by iron, 595; symptoms and treatment of, 687.
 Subclavian artery, secondary hæmorrhage from, 452; ligature of the, 453; on ligature of the, 728.
 Sulphocyanic acid, toxicological relations of, 33.
 Sulphur, conversion of into acid when digesting, 134.
 Summer lectures on surgery, "recognition" of, by the College, 224.
 Superstition of the Turks in medicine, 523.
 Surgery, neglect of, at Constantinople, 525; modern, on the state of, 656.
 Surgical practice in workhouses, 255.
 Surgeons, naval assistant, remarks on the pay of, 58; army, rates of pay of, 58; naval, insult to the, 602, 667, 690, 694, 727, 762, 786, 793.
 Sussex, Duke of, election of, as president of the Royal Society, 338; remarks on, 402, 443.
 Swan's demonstration of the nerves, review of, 184.
 Swellings, painful, of the extremities, cases of, 227.
 Syme, Mr., quarterly report of, 89; on excision of elbow-joint, 89.
 Symphysectomy, successful case of, 505.
 Syntax, Dr., of Edinburgh, sketch of, 329.
 Syphilis, successful treatment of, by the antiphlogistic method, 240.

T

- Tabes mesenterica, formula recommended in, 344.
 Tapley, Mr. W., on the chenopodium elidum in chlorosis, 40.
 Tapping in hydrocephalus, good effects of, 285; in ovarian dropsy, 559; inflammation after, 561.

Tartrate of lead, 677.
 Taylor, Dr. G., evidence of the inquest at Hampton, 77, 140; letter from, on the Hampton inquest, 168.
 Tea, green, injurious effect of, 457.
 Tests, danger in employing the term, 481.
 Tetanus, traumatic, case of, 62; pathology of, 789.
 Thigh, amputation of, 126.
 Thigh-bone, fracture of the, 744.
 Thompson, Mr. W., on disease of the valves of the right side of the heart, 66.
 Thomson, Dr. A., letters from, 28, 138.
 Thyroid gland, tumour arising from the, 416.
 Timbuctoo Medical Journal, extract from, 150.
 Tonsils, chronic enlargement of the, 510; inflamed, benefits from lancing in, 592.
 Tongue, ligature of a tumour of, 69.
 Torsion of arteries, 126.
 Tourniquet, for suppressing uterine hæmorrhage, 111.
 Tracheotomy, operation of, 269.
 Traitors, surgical, on the infamy of, 565.
 Transactions of the Medical and Physical Society of Calcutta, 260.
 Transfusion, operation of, 350.
 Trial of John Long, the quack, 200.
 Trunk, extreme sensibility of the, in hysteria, 771.
 Truth, dear publication of the, 403.
 Tube, eustachian, apparent obstruction of the, 777.
 Tubercles, experiment on the formation of, 516.
 Tubes of glass, simple mode of making, 484.
 Tumour of the pharynx, removal of, 63; of the tongue, 69; in the cheek, removal of, 216; vascular, of the rectum, 290; mode of operating for, 290; of the neck, 347; fibro-cellular of the neck, 416; on the formation of, 421; vascular, of the wrist, 508; osseous, extirpation of a, from the orbit, 671; vaginal, follicular origin of some, 711.
 Twins, with separate placentas, 37; simultaneous occurrence of convulsions in, 526.
 Tympanum, introduction of probes into the, 823; puncture of the membrane of, 825.
 Typhus, treatment of, 573.

U

Ulcer, syphilitic, of the eyelid, 735; difficulty of curing, 38; running, effect of stopping, 163; of the pharynx, 841; of the legs, 843; of the cornea, nitrate of silver in, 430.
 Ulceration of the cornea, acetate of lead in, 430; of the posterior tibial artery,

319; of the urethra, peculiar contrivance in a case of, 345.
 Ulna and Radius, dislocation of the, 445.
 Universities, on the connexion of medicine with divinity in, 472.
 University of London, resignations at the, 338; charter to the, 727; disputes in the, 749, 815.
 Urethra, in the female, ulceration of the, 345; obliteration of the, 479.
 Urine, bloody, mode of stimulating, 299; discharge of, by the navel, 479.
 Uterus, case of rupture of the, 519; laceration of the, 577; cancer of the, 579, 714; scirrhus of the, 617.
 Uvula, elongation of the, discussion on, 280.
 Vagina, obliteration of the, 349; laceration of the, 577; prolapsus of, 720.
 Veins, cases of inflammation of the, 217.
 Velpeau, M., amputation at the knee joint by, 68, 126.
 Verdict, curious one, 543.
 Vertebrae of the whale, structure of, 679.

W

Wakley, Mr., his contest for the coronership, 4, 21; address of, to the freeholders, at the close of the contest for the coronership, 42; account of dinner given to, at the Crown and Anchor, 43; vote of thanks to, for his exertions against Long, 608.
 Walford, Mr. W. A., correspondence of, 30, 72, 110, 316; reply of London Hospital pupils to, 95; on spontaneous evolution, 400.
 Walker, Mr., Geo., case of stone by, 65.
 Ward, Mr. J., on spontaneous evolution, 444.
 Watch crystal, use of, in chemical analysis, 419.
 Water dressings, efficacy of, 40; treatment of wounds by, 546; cold, value of, in fever, 393.
 Waters, the Harrogate, review of Hunter on, 183.
 Weatherill, Dr., on the death of Mr. Huskisson, 69, 223; reply of Mr. Whatton to, 129.
 Westminster Hospital, fees at, 13; inquest at, 73; proposed building job at, 51, 83, 108, 113; defence of the removal of, 169, 170; list of advocates for, 172; decision against removal of the, 183, 276; clinical lectures at the, 830; expenditure at the, 830.
 Westminster Medical Society, debates at the, 175, 176, 220, 279, 300, 345, 408, 410, 472, 635, 668, 669, 700, 767.
 West, Mr. W. J., on a compound fracture of the skull, 571.
 Whale, structure of the vertebrae of, 679.

- Whatten, Mr. W. R., on the surgical treatment of Mr. Huskisson, 129; on amputation in a case of extensive injury, 431.
 White swelling, case of, 126.
 William IV, medical appointments in the court of, 50.
 Williams, Mr. R., on extraction of cataract, 66.
 Wilson, Mr. Thomas, on the "Pyramid" and "Pere la Chaise," 234.
 Windsor, Mr. J., on ulcerations of the cornea, 430.
 Winslow, Mr. F., on cases of supposed cerebral disease, 36.
 Witnesses, medical, remarks on, 243.
 Womb, scirrhous of the, 617; cancer of the, 714.
 Wood, Mr. J., letter from, 406.
 Workhouses, unjustifiable operations in, 59; surgical practice in, 255.
 Wound, gun-shot, in the thigh, operation for a, 221; of the brain, with loss of its substance, recovery from, 478.
 Wounds, interesting cases of, at the Hotel Dieu, 260; reunion of parts severed by, 340; treatment of, by water-dressings, 546.
 Wrists, palsy of the, case of, 333, 719.
 Wright, Dr., remarks on the proceedings against, 279.

Y

- Yarmouth, scandalous inquest at, 143.
 Youatt, Mr., case of rabies in the dog by, 105.
 Yawning, explanation of, 674.

Z

- Zinc, chemical relations of, and poisoning by, 801.



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